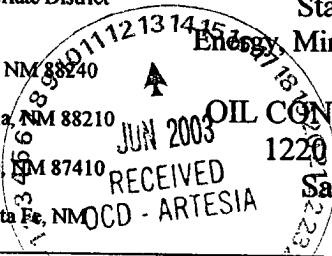


District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505



WELL API NO. 30 005 63290
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 26781
7. Lease Name or Unit Agreement Name Willow Springs "23" State
8. Well Number 1
9. OGRID Number 149441
10. Pool name or Wildcat Abo

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Reliance Energy, Inc.

3. Address of Operator
6 Dista Drive Suite 5500, Midland TX 79705

4. Well Location

Unit Letter **F** : **1980** feet from the **north** line and **1980** feet from the **West** line

Section **23** Township **4S** Range **25E** NMPM **Chaves** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: **temporarily abandon** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

We request TA status for this well pending remedial work we hope to perform in 2 or 3 years.

This well must satisfy all requirements of NMOC Rule 203 prior to being granted TA status.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **Laura Clepper** TITLE **Regulatory Analyst** DATE **6-10-2003**

Type or print name **Laura Clepper** Telephone No. **683-4816**
(This space for State use)

APPROVED BY **DENIED** TITLE _____ DATE **JUN 16 2003**

Conditions of approval, if any: