

Submit 3 Copies To Appropriate District
Office
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-015-24365
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
E-8560

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
Read & Stevens, Inc.

3. Address of Operator
P. O. Box 1518 Roswell, New Mexico 88202

4. Well Location

Unit Letter **C** : **660** feet from the **North** line and **1980** feet from the **West** line

Section **13** Township **16S** Range **31E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4393.9' GL

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: ☐

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.

06/11/03 The subject well was deemed out of compliance with OCD Rule 201.
Per OCD directive to bring the well into compliance the subject well was placed
back on production in March, 2003.

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

SIGNATURE  TITLE **Operations Manager** DATE **6-12-03**

Type or print name **John G. Maxey, Jr.** E-mail address: Telephone No. **505/622-3770**
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: