

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
2040 South Pacheco, Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-32854

5. Indicate Type of Lease

STATE ☒ FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name:

Howell State Com

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK OR FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Fasken Oil and Ranch, Ltd.

8. Well No.

2

3. Address of Operator

303 W. Wall Ave., Suite 1800, Midland, TX 79701-5116

9. Pool name or Wildcat

Cemetery Morrow

4. Well Location

Unit Letter I : 1810 feet from the south line and 660 feet from the east line

Section 32

Township 20S

Range 25E

NMPM

County Eddy

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON

☐ REMEDIAL WORK

☐ ALTERING CASING

TEMPORARILY ABANDON ☐ CHANGE PLANS

☐ COMMENCE DRILLING OPNS.

☐ PLUG AND

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION

☐ CASING TEST AND CEMENT JOB

☐ ABANDONMENT

OTHER: Set intermediate casing

☒ OTHER:

12. 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 recompilation.

Reached TD of 3015' on July 18, 2003 drilling a 12 1/4" hole. Ran 9 5/8", 36#, K-55, LTC casing to 3013'. Cemented with 600 sx Class C with 4% gel and 2% CaCl2 (sw 13.5 ppg, yield 1.74 cu ft/sx) plus 200 sx Class C with 2% CaCl2 (sw 14.8 ppg, yield 1.33 cu ft/sx). Circulated 130 sx cement to surface. WO cement 20 hours.

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

SIGNATURE Jimmy D. Carlile TITLE Regulatory Affairs Coordinator DATE 7/25/03

Type or print name Jimmy D. Carlile

Telephone No. (432) 687-1777

(This space for State use)

APPROVED BY Jim W. Gunn TITLE District Supervisor DATE JUL 29 2003

Conditions of approval, if any: