

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 87400

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

WELL API NO.

30-015-~~30939~~ 00674

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

RAMAPO

8. Well Number

#2

9. OGRID Number

182162

10. Pool name or Wildcat
EMPIRE YATES SR

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

ROJO GRANDE LLC

3. Address of Operator

P.O. BOX 248, ARTESIA, NM 88210

4. Well Location

Unit Letter K : 2310 feet from the SOUTH line and 2310 feet from the WEST line

Section 36 Township 17S Range 27E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3620'

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.

6/4/03

Total depth of 480'

Fluid level @ 469'.

Fill csg to surf w/ 80 cuft of Class C ready mix.

Install dry hole marker.

Work witnessed by OCD

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

SIGNATURE Robin Cocrum TITLE Agent DATE 7/5/03

Type or print name

(This space for State use)

Telephone No.

APPROVED BY [Signature] TITLE Field Rep DATE APPROVED AUG 11 2003

Conditions of approval, if any: