Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
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.
30-015-25126

5. Indicate Type of Lease
STATE ☒    FEE ☐

6. State Oil & Gas Lease No.
L-1648

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.)

7. Lease Name or Unit Agreement Name:
Myrtle Myra

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

2. Name of Operator
Ray Westall

8. Well No.
003

3. Address of Operator
P.O. Box 4 - Loco Hills, NM 88255

9. Pool name or Wildcat
LaHuerta Deleware

4. Well Location

Unit Letter K : 1980 feet from the South line and 1980 feet from the West line

Section 09    Township 21S    Range 27E    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 ☐

TEMPORARILY ABANDON ☐    CHANGE PLANS ☐

PULL OR ALTER CASING ☐    MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐    ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐    start PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

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.

7/31/03:
Set CIBP @ 4900'. Dump bailed 40'
cement on top.

approved for ---- NMOCD

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

SIGNATURE _____    TITLE Production    DATE 8/5/03

Type or print name    Telephone No.

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: