

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-015-28054
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. L1648
7. Lease Name or Unit Agreement Name: Myrtle Mgra
8. Well No. 10
9. Pool name or Wildcat Wildcat

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 RAY Westall	
3. Address of Operator P.O. Box 4 - Loco Hills, NM 88255	
4. Well Location Unit Letter P : 760 feet from the South line and 660 feet from the East line Section 9 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 CASING TEST AND CEMENT JOB ☐ PLUG AND ABANDONMENT ☒ 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 recompletion.

7/31/03:

Set CIBP @ 640'. Shot 4 squeeze holes @ 60'.

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

SIGNATURE **Bluen Matthews** TITLE **Production** DATE **8/5/03**

Type or print name _____ Telephone No. _____
(This space for State use)

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