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

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

Form C-103
Revised June 10, 2003

WELL API NO. 30-015-24089
5. Indicate Type of Lease STATE ☐ FEE ☑
6. State Oil & Gas Lease No.

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: MELANIE
1. Type of Well: Oil Well ☑ Gas Well ☐ Other
8. Well Number: 1
2. Name of Operator: HILLSIDE OIL & GAS, L.L.C.
9. OGRID Number: 178694
3. Address of Operator: 308 N. COLORADO MIDLAND, TX. 79701
10. Pool name or Wildcat: ATOKA GLORIETA-YESO
4. Well Location
Unit Letter J : 1650 feet from the SOUTH line and 2260 feet from the EAST line
Section 26 Township 18S Range 26E NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| PERFORM REMEDIAL WORK | ☐ | PLUG AND ABANDON | ☐ | REMEDIAL WORK | ☐ | ALTERING CASING | ☐ |
| TEMPORARILY ABANDON | ☐ | CHANGE PLANS | ☐ | COMMENCE DRILLING OPNS. | ☐ | PLUG AND ABANDONMENT | ☐ |
| PULL OR ALTER CASING | ☐ | MULTIPLE COMPLETION | ☐ | CASING TEST AND CEMENT JOB | ☐ | | |
| OTHER: | | | ☑ | 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.

INTENT TO RETURN TO PRODUCTION.

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

SIGNATURE [signature] TITLE Agent DATE 8-20-03

Type or print name JAN SOUTH E-mail address: Telephone No. 915-685-301

(This space for State use)

APPPROVED BY TITLE DATE

Conditions of approval, if any:

Accepted for record - NMOCD