

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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 March 25, 1999

WELL API NO. 30-015-00956
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Artesia Metex Unit
8. Well No. 54
9. Pool name or Wildcat Artesia; Queen GB San Andres

Month - Year
FEB 13 2007
OCD - ARTESIA, NM

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 INJECTION

2. Name of Operator

ERS Resources, Inc.

3. Address of Operator

P.O. Box 1234, Lovington, NM 88260

4. Well Location

Unit Letter O 990 feet from the South line and 2310 feet from the East line

Section 25 Township 18S Range 27E NMPM Eddy County

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. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Return to Injection ☒

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.

2/5/2007 Replaced tbg. & pkr. Tested backside to 500#, OK. Returned to injection. Chart attached.

Return to injection not authorized - No chart received/s.

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

SIGNATURE Debbie McKelley TITLE For Clay Tipton (Sec-Treas) DATE 2/9/07

Type or print name For Clay Tipton Telephone No. 505-631-4121

(This space for State use)

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