

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

Form C-103
Revised May 08, 2003

WELL API NO.

30-015-22545

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L-490

7. Lease Name or Unit Agreement Name

Mobil 21 State

8. Well Number

2

9. OGRID Number

22596

10. Pool name or Wildcat

Carlsbad, South Atoka

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

Texas Independent Exploration

3. Address of Operator

1600 Smith, Suite 3800 Houston, TX 77002

4. Well Location

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

Section 21

Township 23S Range 27E

NMPM Eddy County

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

3162' GL

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.

Operator proposes to TA well for 90 days while evaluating other potential pay zones of interest in the wellbore.

A casing integrity test will be conducted to pressure test the casing from 11,208' to the surface to 500 psi for 30 minutes. A chart will be installed and the pressures recorded for the 30 minute test.

The NMOCD will be called to witness the casing integrity test for verification.

Notify OCD 24 hours
prior to test. 748-1283

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

SIGNATURE

Gene Lee

TITLE Agent

DATE 11/2/03

Type or print name Gene Lee

Telephone No. (505) 626-4292

(This space for State use)

APPROVED BY

[Signature]

TITLE

[Signature]

DATE

Conditions of approval, if any:

APPROVED NOV 10 2003