

CISF  
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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  
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.  
20-015-25805

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Bass

8. Well No. 2

9. Pool name or Wildcat  
East Carlisbad Wolfcamp

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

Western Oil Producers, Inc

3. Address of Operator

P O Box 1498 Roswell, NM 88202

4. Well Location

Unit Letter L : 1980 feet from the South line and 660 feet from the West line

Section 1 Township 23 S Range 27 E 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.  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.

Performing the well shut in pressure tests could do damage to the formation and possibly result in the well not producing.



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

SIGNATURE Virginia L Long TITLE Sec/Treas DATE 9-18-02

Type or print name Virginia L Long Telephone No. 505-623-5070  
(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE SEP 27 2002

Conditions of approval, if any: