Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
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 August 1, 2011

WELL API NO.

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. 02518 02306 02366

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: Caroline, Mary Lou

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

8. Well Number 3, 4, 2

2. Name of Operator: David G. Hammond

9. OGRID Number 156206

3. Address of Operator: PO Box 1538 Artesia NM 88211

10. Pool name or Wildcat: Millman, TR East

4. Well Location
Unit Letter ____ : ____ feet from the ____ line and ____ feet from the ____ line
Section 29 Township 19S Range 28E 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. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. I want to Request an additional 30 days on completion of Rig work Because of Rig availability. a Roustabout Crew is working Daily, Cleaning, Replacing old pumping tees, and Removing old Equipment that has Been Stacked on one location for Removal. your Consideration is greatly appreciated.

RECEIVED
SEP 08 2011
NMOCD ARTESIA

Spud Date: ____ Rig Release Date: ____

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

SIGNATURE David Hammond TITLE Owner/Operator DATE 9/6/2011

Type or print name David G. Hammond E-mail address: estefban2002@yahoo.com PHONE: 575-308-7662

For State Use Only

APPROVED BY: ____ TITLE ____ DATE ____

Conditions of Approval (if any):
Return to Production or submit procedure to P&A no later than 12/20/11.