

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 June 10, 2003

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

WELL API NO. 30-015-31401
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K06527
7. Lease Name or Unit Agreement Name Eddy FV State
8. Well Number 5
9. OGRID Number 017985
10. Pool name or Wildcat Avalon Delaware

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
Premier Oil & Gas, Inc.

3. Address of Operator
P.O. Box 1246, Artesia, NM 88211-1246

4. Well Location

Unit Letter M : 660 feet from the South line and 810 feet from the West line
Section 25 Township 20S Range 27E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3287' 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: Change Well Name ☒

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.

Effective March 1, 2005, Premier Oil & Gas requests that the Eddy FV State Com property name be changed to Eddy FV State, as this well will no longer be a communitization.

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

SIGNATURE Rosalie Jones TITLE President DATE 03/18/05

Type or print name Rosalie Jones E-mail address: Telephone No 505-748-2093
(This space for State use)

APPROVED BY TIM W. GUM
DISTRICT II SUPERVISOR

Conditions of approval, if any:

DATE MAR 22 2005