Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Energy, Minerals and Natural Resources May 27, 2004 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-015-00678 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE 🗵 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM B-11538-14 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (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 SOUTH RED LAKE II UNIT PROPOSALS.) 20 1. Type of Well: Oil Well Gas Well Other 8. Well Number RECEIVED 2. Name of Operator 9. OGRID Number McQuadrangle, L.C. MAR 0 1 2005 3. Address of Operator 10. Pool name or Wildcat WILLIAMTERIA 7008 Salem, Lubbock, Texas 79424 **QUEEN GRAYBURG, SA** 4. Well Location Unit Letter L: 23/0 feet from the SOUTH line and 330 feet from the KIEST line Township 17-S Range 27-E **NMPM** Section 36 County: Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Below-Grade Tank: Volume bbls: Construction Material Pit Liner Thickness: 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ ALTERING CASING **REMEDIAL WORK** COMMENCE DRILLING OPNS.□ **TEMPORARILY ABANDON CHANGE PLANS** P AND A П **PULL OR ALTER CASING** MULTIPLE COMPL **CASING/CEMENT JOB** \boxtimes OTHER: WELL NAME CHANGE 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. I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines 🔲, a general permit 🗀 or an (attached) alternative OCD-approved plan 🗔. DATE 2-29-05 Type or print name Delbert McDougal E-mail address: Telephone No. (806)797-3164 For State Use Only TIM W. GUM APR 1 2 2005 DISTRICT II SUPERVISORITLE APPROVED BY: **DATE**

Conditions of Approval (if any):