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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
_30-015-23745_

5. **Indicate Type of Lease**
STATE ☒   FEE ☐

6. **State Oil & Gas Lease No.**

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**
CFM Oil Company

3. **Address of Operator**
P.O. Box 1174 Artesia, NM 88211-1174

4. **Well Location**

Unit Letter _P_ : _988_ feet from the _SOUTH_ line and _330_ feet from the _EAST_ line

Section _21_   Township _19S_   Range _28E_   NMPM   County _Eddy_

7. **Lease Name or Unit Agreement Name:**
Angell STATE

8. **Well No.** _4_

9. **Pool name or Wildcat**
Millman Seven Rivers, EAST

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. _11-2000_

Pulled rods and tubing replaced pump

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

SIGNATURE _Louis Fulton_   TITLE _OWNER_   DATE _1-28-2001_

Type or print name _Louis Fulton_   Telephone No._505 746-4787_

(This space for State use)

APPPROVED BY_____ TITLE_____ DATE_____
Conditions of approval, if any: