

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

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.

30-015-25126

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

L-1648

7. Lease Name or Unit Agreement Name:

Myrtle Myra

8. Well No.

003

9. Pool name or Wildcat

LaHuerta 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

RAY Westall

3. Address of Operator

P.O. Box 4 - Loco Hills, NM 88255

4. Well Location

Unit Letter K : 1980 feet from the South line and 1980 feet from the West line

Section

09

Township

21S

Range

27E

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. ☐ start 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 recompletion.

7/31/03:

Set CIBP @ 4900'. Dump bailed 40' cement on top.

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

SIGNATURE

R. M. Mathews

TITLE

Production

DATE

8/5/03

Type or print name

Telephone No.

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: