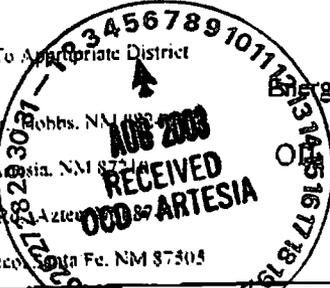


Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr. Hobbs, NM 88240  
District II  
811 South First. Rosita, NM 87710  
District III  
1000 Rio Brazos P.O. Aztec, NM 87401  
District IV  
2040 South Pacheco Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999



WELL API NO. <b>30-015-29054</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>41648</b>
7. Lease Name or Unit Agreement Name: <b>myrtle myra</b>
8. Well No. <b>10</b>
9. Pool name or Wildcat <b>wildcat</b>

**STANDARD 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 **P** : **760** feet from the **South** line and **660** feet from the **East** line  
Section **9** 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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

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.

**7/31/03:**  
**Set CIBP @ 640' Shot 4 squeeze holes @ 40'**

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

SIGNATURE **Revin 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:

Accepted for record - NMOCD