

Submit 3 Copies To Appropriate
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88211
District III
1000 Rio Brazos, 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.
30-015-22955

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
648

SENDRY 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 **E** : **1980** feet from the **North** line and **660** feet from the **West** line
Section **24** Township **19S** Range **27E** NMPM County **Eddy**

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

7. Lease Name or Unit Agreement Name:
State G Com

8. Well No.
001

9. Pool name or Wildcat
Angell Ranch Atoka Morrow

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.

Set RBP above perfs. Test casing for temporary shut in status
Set RBP @ 9400' test As per Rule 203
Notify OCD 24 hours prior to test. 748-1283

Accepted for record - NMOC

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

SIGNATURE **Jim Mathews** TITLE **Production** DATE **8/5/03**

Type or print name

Telephone No.

(This space for State use)

APPROVED BY **[Signature]** TITLE **Field Rep ID** DATE **Aug 12 2003**
Conditions of approval, if any: