

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised June 10, 2003

AUG 2003  
RECEIVED  
OCD - ARTESIA

WATER CONSERVATION DIVISION  
1220 S. St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30 005 63251</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>25901</b>
7. Lease Name or Unit Agreement Name <b>Willow Springs "34" State</b>
8. Well Number <b>1</b>
9. OGRID Number <b>149441</b>
10. Pool name or Wildcat <b>Pecos Slope Abo</b>

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  
**Reliance Energy Inc.**

3. Address of Operator  
**6 Delta Drive Suite 5500, Midland Texas 79705**

4. Well Location  
Unit Letter **F** : **1980** feet from the **north** line and **1980** feet from the **west** line  
Section **34** Township **4S** Range **25E** NMPM **Chaves** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3786'**

12. 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: ☐

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.

**Set CIAP @ 3600' - Cap with 35' of Cmt.**  
**Cut & pull 5 1/2" casing @ 3200' 100' plug 3150' - 3250' - TA9**  
**CIAP @ 3200' top w/ 35' cmt.**  
**Spot 30 sx (100') 1964' - 1864' - TA9**  
**Spot 30 sx (100') 1830' - 1730'.**  
**Spot 30 sx (100') 970' - 870' - TA9**  
**Spot 25 sx (60') @ surface - WOC-24HRS - TA9**

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

SIGNATURE **Laura Clepper** TITLE **Regulatory Analyst** DATE **8-11-2003**  
Type or print name **Laura Clepper** E-mail address: **klepper@reimid.com** Telephone No. **683-4816**  
(This space for State use)  
APPROVED BY **[Signature]** TITLE **Field Rep ID** DATE **8-18-03**  
Conditions of approval, if any: