

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
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-015-21064
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Willow Creek Resources, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 1309 Midland, TX 79702		7. Lease Name or Unit Agreement Name: Maude Rickman
4. Well Location Unit Letter I : 2203.7 feet from the South line and 839.7 feet from the West line Section 3 Township 23S Range 27E NMPM County Eddy		8. Well No. 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3113		9. OGRID Number 25265
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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

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.

. MIRU Plugging equipment

2. Tag cmt on top of CIBP @ 9665
3. Circulate hole w 9.5# mud laden fluid, 12.5# per bbl.
4. Spot 25 sx @ 9000 to 8950. Wolfcamp
- * 5. Spot 25 sx @ ~~6570~~ to ~~6570~~ **6470'**
6. Spot 60 sx @ 5621 to 5471. WOC, Tag. 7" liner top and Bone Springs
7. Spot 50 sx @ 2200 to 2100. Delaware Sand
8. Spot 50 sx @ 405 to 305. WOC, Tag. 13 3/8 shoe
9. Spot 25 sx @ 60 to surf.
10. Cut off well head. Install marker.

Notify OCD 24 hrs. prior
to any work done.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE _____ TITLE **Agent** DATE **3/17/10**

Type or print name **DougHam**
For State Use Only

E-mail address:

Telephone No. **432 580 7161**

APPROVED BY  TITLE _____ DATE **4/12/2010**

Conditions of Approval (if any):

Approval Granted providing work
is complete by **5/16/2010** (214) 340-9429 · FormsOnADisk.com