

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88201  
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 March 25, 1999

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

RECEIVED  
OCD - ARTESIA  
JUL 2002

WELL API NO.

30 005 00286

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E 8879

7. Lease Name or Unit Agreement Name:

Levick "C"

8. Well No.

1

9. Pool name or Wildcat

Coyote Queen

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

Slayton Resources, Inc.

3. Address of Operator

P.O. Box 2035, Roswell, NM 88202-2035

4. Well Location

Unit Letter M 990 feet from the S line and 990 feet from the W line

Section 15 Township 11S Range 27E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3711 KB

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.

Install new cone bottom 210 Bbl tank and 4' x 20' gun barrel - OK

Turn on Levick C #1

Well made 2 Bbls in first 24 hour period

Well is in Production.

7/19/02

RL

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

SIGNATURE Sam Andrus TITLE Agent DATE 7-12-02

Type or print name \_\_\_\_\_ Telephone No. \_\_\_\_\_

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any: