State of New Mexico Ensor Minerals and Natural Resources Department

| OIL | CONSERVATION | DIVISION |
|-----|---------------------|----------|

Form C-103 Revised 1-1-89

| DISTRICT I | OIL CONSERVATION DIVISION | | | | | Λ | | |
|---|---|------------|---|------------------|--|--|---------------------------------------|--|
| P. O. Box 1980, Hobbs, NM 88241-1980 2 0 4 0 S. Santa Fe, New M | | | | WELL API VO. | | | | |
| DISTRICT II | , | | | 3 | 30-00 | 5-0042 | 3 | |
| 811 S. First, Artesia, NM 88210 | | | | | 5. Indicate Type of Lease STATE FEE X | | | |
| DISTRICT III | | | | | | | | |
| 1000 Rio Brazos Rd, Aztec, NM 87410 | | | | 6. State Oil & | Gas Lease No. | | | |
| | | | | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF TO DEEPEN OR PLUG BACK TO A | | | | | 7. Lease Name or Unit Agreement Name | | | |
| l · | RENT RESERVOIR USE "APPLI | | | 7. Lease Name | or Ollit Agreen | nent Name | | |
| | (FORM C-101) FOR SUCH PRO | OPOS | ALS) | 14/11 | | | | |
| I. Type of Well: OIL | GAS X | | | VV I | HER | ANCH | | |
| WELL 2. Name of Operator | WELL OTHER | | | 8. Well Nc. | | | | |
| C. W. TRAI | 2 | | | | | | | |
| 3. Address of Operator c/o OIL REPORTS & GA | S SERVICES, INC.,1008 W. BRO | DADW. | AY, HOBBS, NM 88240 | 9. Pool name o | | MISSISSIPP | IAN, (GAS) | |
| 4. Well Location | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Unit Letter L : | 1980 Feet From The SOUTH | 1 | Line and 660 | Feet Fro | m The | WEST | Line | |
| Section 34 Township | 11S Range 29E | | | | NMPM | CHAVE | S County | |
| | 10, Elevation (Show whether DF, RKB, RT 3 7 8 2 | |) | | | | | |
| ıı. Check | Appropriate Box to Indicate | | e of Notice, Report, or (| Other Data | l | | | |
| NOTICE | OF INTENTION TO: | | SUBSEQU | ENTREP | ORT OF: | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | X | REMEDIAL WORK | | ALTERING | CASING | | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRILLING OPNS | . [] | PLUG & A | BANDONMENT | | |
| PULL OR ALTER CASING | | | CASING TEST & CEMENT JOS | <u> </u> | | | | |
| OTHER: | | | OTHER: | <u> </u> | | | | |
| 12. Describe Proposed or Completed Operat | ions (Clearly state all pertinent details, and give per | rtinent da | ites, including estimated date of starting an | y proposed w ork | SEE RULE 11 | 03. | | |
| | PLUG THIS WELL AS FOLLOW | | | | | | | |
| | | - | TO 01100 - 01111 - 01111 - 01111 | | | | _ | |
| SET CIBP @ 86281 | W/35' CMT ON TOP, CIRC BRINE | E GEL | TO SURF. RUN FREEPON | NT, CUT & | PULL 5 1 | 2" CSG. 6700 |)'+. | |
| ODOT OF OV OUT D | | | | | | | | |
| SPOT 25 SX CMT P SPOT 25 SX CMT P | | | | | | 112720 | _ | |
| SPOT 25 SX CMT P | | | | | | 101112737 | 47575 | |
| | LUG 2195'-2095' & TAG. | | | | 4562 | A | | |
| SPOT 10 SX PLUG | TO SURF. | | | | 348 | ر در از در |) है। इ | |
| | | | | | - N | RECEIVED | 202 | |
| | | | | | | 'UU ARIES | ريخ ١١٨ | |
| | | | | | | | - 40°/ | |
| | | | | | | ا ماريوسون ماريوسون | 330 | |
| + Notifie umn. | C. D. To witness Of | | moutions | | | | | |
| I hereby certify that the information | above is true and complete to the best of | driny) | nowledge and belief. | · | | | | |
| SIGNATURE Ou | Heard TITLE | | AGENT | | DATE | 09/12/2 | 000 | |
| TYPE OR PRINT NAME GAYE | HEARD | | | TELEPHONE | io. (505) | 393-2727 | | |
| (THIS SPACE FOR STATE USE) | | | | - DEEL HOLE ET | (000) | | | |
| APPROVED BY MILES WILL | well TITLE FICKIROP. | 1T | | | | ATE 9/18/20. | 10 | |
| CONDITIONS APPROVAL, IF ANY: | THE FICH KAR. | H | | | DA | TE 7/ 13/ 20. | <u>′i′</u> | |