

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-005-61149

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
STA-LG-566-1

7. Lease Name or Unit Agreement Name:

Grynberg 16 State

8. Well No.

1

9. Pool name or Wildcat

Abo

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

Jack J. Grynberg

3. Address of Operator

5299 DTC Blvd., Suite 500 Greenwood Village, CO 80111

4. Well Location

Unit Letter P : 660 feet from the South line and 660 feet from the East line

Section 16

Township 5S

Range 24E

NMPM

County Chaves

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3988 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 recompletion.

See attached reports.

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

SIGNATURE Ken McKinney TITLE Production Manager DATE 7/30/2002

Type or print name Ken McKinney

Telephone No. 303-850-7490

(This space for State use)

APPROVED BY [Signature] TITLE _____ DATE JAN 10 2003

Conditions of approval, if any.

Post Ref