Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
En   Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CISF

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-005-63249

5. Indicate Type of Lease
STATE XX   FEE ☐

6. State Oil & Gas Lease No.
25900

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

Willow Spring "28" State

2. Name of Operator
Reliance Energy, Inc.

8. Well No.
1

3. Address of Operator
P.O. Box 10946, Midland, Texas 79702

9. Pool name or Wildcat
Pecos Slope Abo

4. Well Location

Unit Letter __P__ 660 Feet From The South Line and 660 Feet From The East Line

Section 28   Township 4S   Range 25E   NMPM   Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3817 GR

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐   REMEDIAL WORK ☐   ALTERING CASING ☐

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐   COMMENCE DRILLING OPNS. ☒   PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐   CASING TEST AND CEMENT JOB ☒

OTHER: _____ ☐   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.

02-26-01	Spud well @ 8:15 a.m. 2-26-01
03-01-01	Ran 20 jts 11-3/4" 42#, K-55, ST&C to 901' w/IF @ 855'. Cemented csg w/400 sxs 35/65 Poz "C" w/6% gel and 200 sxs Class "C" w/2% CaCl. Circ'd 100 sxs to pit. WOC 18 hrs.

RECEIVED
OCD - ARTESIA

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

SIGNATURE _Peggy Abernathy_   TITLE _Agent_   DATE _3-2-01_

TYPE OR PRINT NAME Peggy Abernathy

TELEPHONE NO. (915) 683-4816

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

MAR - 9 2001

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: