## Submit 3 Copies to Appropriate District Office

Energ

## State of New Mexico inerals and Natural Resources Department

| Form C-103     |   |  |  |  |
|----------------|---|--|--|--|
| Revised 1-1-89 | ( |  |  |  |

| DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  P.O. Drawer DD, Artesia, NM 88210 |   |                        |               |                                      | WELL API NO. 30-005-6 5. Indicate Type of Lease |   | - O    |
|---|---|------------------------|---------------|--------------------------------------|---|---|--------|
| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, N   | STATE FEE  6. State Oil & Gas Lease No. 26232 |                        |               |                                      |   |   |        |
| SUNDRY NOTICES AND REPORTS ON WELLS   |   |                        |               |                                      |   |   |        |
| ( DO NOT USE THIS FORM  | 7. Lease Name or Unit Agreement Name          |                        |               |                                      |   |   |        |
| 1. Type of Well:  | GAS (==)                                      |                        |               | 4                                    |   |   |        |
| WELL  | WELL X  | OTHER                  | - 43          |                                      | Willow Spring                                   | g "27" Stat                                   | :e     |
| 2 Name of Operator Reliance Energy  | , Inc.  |                        |               | RECEIVED                             | 8. Well No.                                     |   |        |
| 3. Address of Operator  | W: 41 4 m                                     | - 70702                |               | OCD - ARTESIA                        | 9. Pool name or Wildcat                         |   |        |
| P.O. Box 10946,   | midiand, Texa                                 | IS /9/UZ               |               |                                      | Pecos Slope                                     | Abo   |        |
|   | : 1980 Feet Fr                                | om The South           | <del> </del>  | Line and 660                         | Feet From The _                                 | West  | Line   |
| Section 27  | Townsi  |                        |               | inge 25E                             | NMPM _  | Chaves  | County |
|   |   | 10. Elevation (Show v  |               | DF, RKB, RT, GR, etc.) 7 GR          |   |   |        |
| 11.   | Check Appropri                                | ate Box to Indi        |               |                                      | nort, or Other Data                             | / <i>////////////////////////////////////</i> |        |
|   |   |                        |               |                                      | SEQUENT REPO                                    |   |        |
| PERFORM REMEDIAL WORK PLUG AND ABANDON  |   |                        | REMEDIAL WORK | ALTE                                 | RING CASING                                     |   |        |
| TEMPORARILY ABANDON   | CHAR  | COMMENCE DRILLING      | OPNS. PLUG    | AND ABANDON                          | MENT _  |   |        |
| PULL OR ALTER CASING  | CASING TEST AND CE                            | MENT JOB               |               |                                      |   |   |        |
| OTHER:  |   | <del></del>            |               | OTHER:                               |   |   | [      |
| 12. Describe Proposed or Compwork) SEE RULE 1103.   | pleted Operations (Clearly                    | state all pertinent de | tails, an     | ed give pertinent dates, includ      | ing estimated date of startin                   | g any proposed                                |        |
| 03-17-01  |   | 0 sxs 35/65            |               | g to 1949' w/ins<br>"C" w/6% gel and |   |   |        |
|   |   |                        |               | •                                    |   |   |        |
|   |   |                        |               |                                      |   |   |        |
|   |   |                        |               |                                      |   |   |        |
|   |   |                        |               |                                      |   |   |        |

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |  |                           |  |  |  |  |  |  |
|--|--|---------------------------|--|--|--|--|--|--|
| SIGNATURE Leggy abernate   | hy Agent Agent                           | DATE <u>3-/9-0/</u> (915) |  |  |  |  |  |  |
| TYPEOR PRINT NAME Peggy, Abernathy   |  | TELEPHONE NO. 683-4816    |  |  |  |  |  |  |
|  | L SIGNED BY TIM W. GUM<br>T N SUPERVISOR | MAR 23 2001               |  |  |  |  |  |  |
| APPROVED BY  | mre                                      | DATE                      |  |  |  |  |  |  |
| CONDITIONS OF APPROVAL, IF ANY:  | • •                                      |                           |  |  |  |  |  |  |