Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Er   y, Minerals and Natural Resources Departmr

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

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

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

WELL API NO.
30-005-63263

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
26232

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 "27" 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

4. Well Location

Unit Letter __L__ : __1980__ Feet From The __South__ Line and __660__ Feet From The __West__ Line

Section __27__ Township __4S__ Range __25E__ NMPM __Chaves__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3797' GR

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 ☐

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.

06-14-01   Perfed Abo Sand 3658-68' 2 SPF (20 holes)
            TIH w/ "R" pkr and 114 jts to set @ 3635'.

            Acidize w/ 7-1/2% HCL in 1500 gals methanol.

(stamp) JUN 2001 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 __6-15-01__

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

(stamp) JUL 05 2001

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: