

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-005-63265
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
26233

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
Reliance Energy, Inc.

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

4. Well Location

Unit Letter N : 660 feet from the South line and 1980 feet from the West line

Section 29 Township 4S Range 25E NMPM County Chaves

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3880' GL

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 recompilation.

9-09-00 Spud 14-3/4" hole at noon on 9-9-00.



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 9-11-00
(915)

Type or print name Peggy Abernathy Telephone No. 683-4816

(This space for State use)

APPROVED BY Jim W. Gunn TITLE District Supervisor DATE _____
Conditions of approval, if any: