

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

CISF
4

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.)		WELL API NO. 30-005-63271
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Reliance Energy, Inc.		6. State Oil & Gas Lease No. 26570
3. Address of Operator P.O. Box 10946, Midland, Texas 79702		7. Lease Name or Unit Agreement Name: Willow Spring "20" State
4. Well Location Unit Letter B : 660' feet from the North line and 1980' feet from the East line Section 20 Township 4S Range 25E NMPM County Chaves		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3889' GR		9. Pool name or Wildcat Pecos Slope Abo

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.

12-20-00 Acidized Abo Sand perms 3700-3930' w/5000 gals 7-1/2% MCA.



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 12-21-00
(915)

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

(This space for State use) **ORIGINAL SIGNED BY TIM W. GUM**
DISTRICT II SUPERVISOR

APPROVED BY [Signature] DATE 12-21-00

Conditions of approval, if any:

JAN 08 2001