State of New Mexico
Energy, M___ ls 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

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

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

*RECEIVED OCD - ARTESIA*

| WELL API NO. |
|---|
| 30-005-63291 |

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
26782

## 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

Willow Spring "22" State

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

8. Well No.
1

2. Name of Operator
RELIANCE ENERGY, INC.

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

9. Pool name or Wildcat
Wildcat (Abo)

4. Well Location
Unit Letter __J__ : __1980__ Feet From The __South__ Line and __1980__ Feet From The __East__ Line

Section __22__   Township __4S__   Range __25E__   NMPM   Chaves   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3799' 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. [X] | 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.


12-21-00   Spud 14-3/4" hole @ 12-45 p.m. w/ Can-Tex Rig #1.


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 _12-22-00_

TYPE OR PRINT NAME  Peggy Abernathy

(915)
TELEPHONE NO. 683-4816

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR** TITLE

JAN 0 9 2001
DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: