

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals 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

WELL API NO.  
30-005-63300

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
26826

7. Lease Name or Unit Agreement Name  
Willow Spring "15" State

8. Well No.  
2

9. Pool name or Wildcat  
Wildcat (Abo)

**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 2-F : 1980 Feet From The North Line and 1980 Feet From The West Line  
Section 15 Township 4S Range 25E NMPM Chaves County

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

3810' 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:**

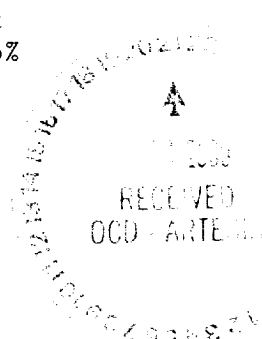
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

12-18-00

TD 4000'.

Ran 96 jts 5-1/2" 15.5#, J-55, LT&C csg to 4000' w/insert float @ 3957'. Cemented csg w/ 200 sxs 35/65 Poz "C" w/6% gel and 300 sxs 50/50 Poz "C" w/2% gel and 5% salt. WOC.



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 12-19-2000  
(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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 20 2000

CONDITIONS OF APPROVAL, IF ANY: