

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.
30-005-63303

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
26828

7. Lease Name or Unit Agreement Name
Willow Spring "19" State

8. Well No.
2

9. Pool name or Wildcat
Pecos Slope 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 N : 660 Feet From The South Line and 1980 Feet From The West Line
Section 19 Township 4S Range 25E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3919' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

3-19-01 Perf Abo Sand 3615-20, 3635-45, 3660-65, 3700-10, 3746-56'
3777-82 and 3813-18' w/ 1 SPF (50 holes).

3-20-01 Turn to Sales @ 8:00 AM.



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 4-16-01
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

APR 24 2001

APPROVED BY B66 TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: