

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Geological 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.  
30-005-63304

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
26828

**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

4. Well Location  
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line  
Section 19 Township 4S Range 25E NMPM Chaves County

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

8. Well No.  
1

9. Pool name or Wildcat  
Undes.

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

3891 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.

02-05-2001

Spud hole @ 12:45 pm on 2-5-01.

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 (915)  
TYPE OR PRINT NAME Peggy Abernathy TELEPHONE NO. 683-4816

(This space for State Use)

APPROVED BY B60 **ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR** TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

DATE \_\_\_\_\_

**FEB 16 2001**

RECEIVED  
OCD - ARTESIA