

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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.)

7. Lease Name or Unit Agreement Name

Willow Spring "19" State

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
Reliance Energy, Inc.

9. Pool name or Wildcat Undes.

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

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:		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 checked="" type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input 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.

2-09-01 Ran 46 jts 8-5/8" 24#, K-55, ST&C csg to 1957' w/IF @ 1942'.
Cmt w/ 400 sxs 35/65 POZ "C" and 100 sxs Class "C" w/2% CaCl.
Circ 60 sxs to pit. WOC 18 hrs.

RECEIVED
OCD ARTESIA
DATE 2/9/01
(915)
TELEPHONE NO. 683-4816

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 2/9/01
TYPE OR PRINT NAME Peggy Abernathy TELEPHONE NO. 683-4816

(This space for State Use)
B60 ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR
APPROVED BY _____ TITLE _____ DATE FEB 16 2001
CONDITIONS OF APPROVAL, IF ANY: