

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.
30-005-63332

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
STA NM LG 0565

7. Lease Name or Unit Agreement Name:
Grynberg 14 state Com

8. Well No.
2

9. Pool name or Wildcat
Pecos Slope Abo.

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3943 GR

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
Jack J Grynburg

3. Address of Operator
5000 Quebec Street Suit 500 Denver Co, 80237

4. Well Location
Unit Letter K: 1980 feet from the 1980/5 line and 1980/W feet from the 1980 line
Section 14 Township 5S Range 24 E NMPM County Chaves

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Location Change ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Previous location was: 1990.7 FSL, 2010.2 FWL.

RECEIVED
OCD - ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tim W. GUM TITLE Dist. Supt DATE 2-13-01

Type or print name

Telephone No.

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

FEB 19 2001

APPROVED BY

DATE

Conditions of approval, if any: