

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

CISF
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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. 30-015-02663
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11539

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator RODNEY B. WEBB dba WEBB OIL COMPANY (505) 748-2081
3. Address of Operator PO BOX 1124, ARTESIA NM 88211-1124
4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>09</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>EDDY</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3638</u>

7. Lease Name or Unit Agreement Name HUMBLE STATE
8. Well No. <u>1</u>
9. Pool name or Wildcat ARTESIA QUEEN GB SA

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>RETURN TO PRODUCTION</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

LOCATIONS AND ROAD CLEARED
WELL HEAD INSTALLED
FLOW LINE LAID
PANEL BOXES HUNG
PUMPING UNITS SET
RODS READY
WAITING ON TUBING

RECEIVED
OCD ARTESIA

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

SIGNATURE Susan Glass TITLE PRODUCTION CLERK DATE 05/15/98

TYPE OR PRINT NAME SUSAN GLASS TELEPHONE NO. 748-1121

(This space for State Use)

APPROVED BY Mrs. Stullfield TITLE Field Rep II DATE 12/15/2000

CONDITIONS OF APPROVAL, IF ANY: