

CIBF
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Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Huerfano Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

<p>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.)</p>		<p>WELL API NO. 30-015-05659 05666</p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator Grum Petroleum Management Co.</p>		<p>6. State Oil & Gas Lease No. E-6947-9</p>
<p>3. Address of Operator 1601 N. Turner Suite 212</p>		<p>7. Lease Name or Unit Agreement Name: Monterey B State</p>
<p>4. Well Location Unit Letter <u>N</u> <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>32</u> Township <u>18S</u> Range <u>31E</u> NMPM <u>Eddy</u> County</p>		<p>8. Well No. <u>1</u></p>
<p>10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3574 DR</u></p>		<p>9. Pool name or Wildcat</p>

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:

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.

Insure CIBP in place.
Schedule MIT.

MIT Test: Min. test Pressure 500#
for 30 minuate test Period.
On chart Recorder.



Notitie N.M.O.C.D. to witness MIT.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Reggie Reston TITLE Production Superintendent DATE _____

Type or print name Reggie Reston

Telephone No. 505-393-2358

This space for State use)
APPROVED BY [Signature]
Conditions of approval, if any:

TITLE Field Rep. # DATE 1/10/2001