

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

Well API No. SEE BELOW
5. Indicate Type Of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
6. State Oil and Gas Lease No. BO4109
7. Lease Name Or Unit Agreement Name: SEE BELOW
8. Well No.
9. Pool Name Or Wildcat MALJAMAR; GB, SA

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 ☐ SWD

Name Of Operator

Ray Westall Operating

Address Of Operator

P.O. Box 4 - Loco Hills, New Mexico 88255

Well Location

Unit Letter _____ : _____ Feet From The _____ Line And _____ Feet From The _____ Line

Section **32** Township **17S** Range **32E** NMPM County **LEA**

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

11. Check The Appropriate Box To Indicate Nature Of Notice, Report Or Other Data

NOTICE OF INTENTION TO:

Remedial Work ☐ Plug And Abandon ☐Temporarily Abandon ☐ Change Plans ☐Pull Or Alter Casing ☐ Multiple Completion ☐Other **Change Well Names** ☒

SUBSEQUENT REPORT OF:

Remedial Work ☐ Alter 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 recompletion.

30-025-00789 FROM HOVER # 1 TO HOVER STATE # 1

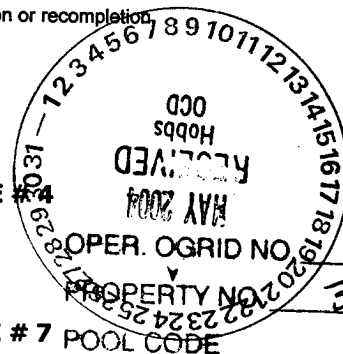
30-025-00790 FROM HOVER # 2 TO HOVER STATE # 2

30-025-00792 FROM HOVER FRITSCHI STATE # 4 TO HOVER STATE # 4

30-025-28161 FROM HOVER # 6 TO HOVER STATE # 6

30-025-31092 FROM HOVER FRITSCHI STATE # 7 TO HOVER STATE # 7

30-025-34914 FROM HOVER STATE B # 8 TO HOVER STATE # 8

EFF. DATE **5/1/04**

API NO. _____

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

Signature *Rene Mathews*Title **Accounting Secretary**Date **5/18/04**Type Or Print Name: **Rene Mathews**Telephone No. **(505) 677-2370**

(THIS SPACE FOR STATE USE)

APPROVED BY _____

Conditions Of Approval If Any: _____

ORIGINAL SIGNED BY
PAUL F. KAUTZ
PETROLEUM ENGINEER

Date **MAY 27 2004**