

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

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

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-05154                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Denton N. Wolfcamp Unit Tr.6                                |
| 8. Well No.<br>25                                                                                   |
| 9. Pool name or Wildcat<br>Denton Wolfcamp                                                          |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3824 KB                                       |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Stephens & Johnson Operating Co.                                                                                                        |
| 3. Address of Operator<br>P.O. Box 2249, Wichita Falls, TX 76307                                                                  | 4. Well Location<br>Unit Letter 0 : 1980 Feet From The East Line and 560 Feet From The South Line<br>Section 26 (SW SE) Township 14S Range 37E NMPM Lea County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3824 KB                                                                     |                                                                                                                                                                |

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 ☐  
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.

5/06/04 Spot 30 sx cmt. @ 9210', WOC & tag TOC @ 8889'.  
5/06/04 Circ. hole w/ 10# gel.  
5/07/04 Spot 25 sx cmt. from 6300' to 6048'.  
5/07/04 Spot 30 sx cmt. from 4685' to 4510', WOC & tag TOC @ 4499'.  
5/07/04 Spot 25 sx cmt. from 3150' to 3025'.  
5/07/04 Spot 25 sx cmt. from 2200' to 2075'.  
5/10/04 Circ. to surface from 490' w/ 125 sx cmt. TOC @ surface.  
5/11/04 RDMO. Cut off wellhead, install dry hole marker, & clean location.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

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

SIGNATURE Roger Massey TITLE Agent DATE 5-18-04

TYPE OR PRINT NAME Roger Massey TELEPHONE NO. (432)530-0907

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

JUN 08 2004