Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-36187 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco STATE \square X1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (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 X Gas Well Other 2. Name of Operator Ricks Exploration, Inc. 8. Well No. Address of Operator 110 W. Louisiana, Ste. 110 9. Pool name or Wildcat Midland, Texas 79701 Trinity; Wolfcamp 59890 Well Location Unit Letter C · 330 feet from the North line and 2310 feet from the West line Section 27 Township 12S **NMPM** Range 38E County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3489 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND XCOMPLETION **CEMENT JOBS** OTHER: OTHER: 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion. 4-26-03 Ran 106 jts. of 8 5/8" csg into 11" hole set @ 4500'. Cmt'd w/1350 sx 50/50 Poz C + 5% salt, + 10% gel, 3# Gilsonite & 1/4# CF followed by 200 sx Cl C + 1% CaCl2. Circ. 342 sx to pit. 5-8-03 TD'd 7 7/8" hole @ 9218' @ 4:30 AM CST 5/8/03 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE_ TITLE Regulatory analyst DATE 05/14/2003 Type or print name Brenda Coffman Telephone No. (915)683-7443 (This space for State use)

APPROVED BY

Conditions of approval, if any;

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE MAY 1 9 2003