| Submit 3 Copies To Appropriate District  | State of New Mexico                              |   |                          | Form C-103   |
|--|--|---|--------------------------|--|
| District I   | Energy, Minerals                                 | inerals and Natural Resources  WELL API NO.  30-025-36712 |                          |  |
| 1625 N. French Dr., Hobbs, NM 88240  |  |   |                          |  |
| 1301 W. Grand Ave., Artesia, NM 88210  |  |   |                          | 5. Indicate Type of Lease                            |
| District III   | 1220 South St. Francis Dr.<br>Santa Fe, NM 87505 |   |                          | STATE FEE X  |
| District IV  | Santa Fe   | , NM 8  | 7505                     | 6. State Oil & Gas Lease No.                         |
| 1220 S. St. Francis Dr., Santa Fe, NM  |  |   |                          |  |
|  | ES AND REPORTS ON                                | IWEII   | 2                        | 7. Lease Name or Unit Agreement Name                 |
|  |  |   |                          | _  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |  |   |                          | Fred Turner Jr. 'B'                                  |
|  |  |   |                          | 8. Well Number                                       |
| Oil Well 🗵 Gas Well 🔲 Other  |  |   |                          | 6  |
|  | ·<br>·   |   |                          | 9. OGRID Number                                      |
| -  | less Corporation                                 |   |                          | 000495   |
| 3. Address of Operator P.O. Box 840  |  |   |                          | 10. Pool name or Wildcat                             |
| Office District 1 District 1 District 1 District II District III District IV Dist |  |   | Seminole, TX 79360       |  |
| 4. Well Location   |  |   |                          |  |
| _  |  |   |                          |  |
| Unit Letter D :  | 990 feet from the _                              | North   | line and                 | 990 feet from the West line                          |
| Section 20   | Township 2                                       | 0C D  | 20E                      | NIMEDIA Commenter Land                               |
|  |  |   |                          | NMPM County Lea                                      |
| 。 <b>斯斯</b> 斯特特斯特斯特  | •  |   | , KKD, K1, GK, eic.)     |  |
| Pit or Below-grade Tank Application (For p   |  |   | C-144 must be attached   | D (S)  |
| Pit Location: UL Sect Twp  | Rng Pit type                                     | D   | epth to Groundwater      | ~ ~  |
| Distance from nearest surface water  | Below-grade Tank Loca                            | tion UL   | Sect Twp                 | Rng ;  |
|  |  |   |                          | 2 1/2 3  |
|  |  |   |                          | K- Hopps   |
|  |  |   |                          | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\               |
|  |  | licate N  |                          |  |
|  |  |   |                          | SEQUENT REPORT OF: 60                                |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                                 |   | REMEDIAL WORK            | C ⊠ ALTERING CASING □                                |
| TEMPORARILY ABANDON  |  |   | LING OPNS. PLUG AND      |  |
| DULL OF ALTER CASING   | MU TIDI E  |   | CACINIO TEOT AN          | ABANDONMENT  |
|  |  | ш   |                          | D 🗆  |
|  | 301111 2211011                                   |   | OLIMEITI GOD             |  |
|  |  | _   | 1                        |  |
| <ol><li>Describe proposed or complet</li></ol>   | ed operations. (Clearly                          | state all p   | pertinent details, and   | give pertinent dates, including estimated date       |
|  | ). SEE RULE 1103. Fo                             | r Multip  | le Completions: Att      | ach wellbore diagram of proposed completion          |
| - 11/3/2004  |  |   |                          |  |
|  |  |   |                          |  |
|  |  |   |                          |  |
|  | test to 500 psi. Remove                          | ed BOP &  | installed wellhead.      | RDPU and clean location. Swabbed well.               |
| Left well flowing.   |  |   |                          |  |
|  |  |   |                          |  |
| I hereby certify that the information abo  | ove is true and complete                         | to the be   | st of my knowledge       | and belief. I further certify that any pit or below- |
| grade tank has been/will be constructed or clo   | sed according to NMOCD gu                        | naennes [   | ], a general permit [] o | or an (attached) alternative OCD-approved plan       |
| SIGNATURE ( 'AMBY)   | Y More TI  | ITLE S  | enior Advisor, Regul     | latory DATE 11/16/2004                               |
| 0  | _  |   | _                        |  |
| Type or print name Carol J. Moore  |  | -mail ad  | dress: cmoore@he         | ess.com Telephone No. (432)758-673                   |
| (This space for State use)   |  |   |                          |  |
|  | 1, 1 " 1/  |   |                          |  |
| APPPROVED BY LIMING  | V. Willen  | TLE   | ロアは核子を意味がまずれが            | HIGTATE MANAGERTE                                    |
| Conditions of approval, if any:  |  | . rie <del>ll)</del>                                      | REFRESENTATIVE           | NOV .2.2 2004  |
| pe or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (432)758-6738  his space for State use)  PPPROVED BY AMAGENTE  |  |   |                          |  |