

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-21744
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 22217
7. Lease Name or Unit Agreement Name: Stoltz State SWD
8. Well No. 1
9. Pool name or Wildcat SWD, San Andres - Glorieta

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 ☐ Salt Water Desposal

2. Name of Operator
Fasken Oil and Ranch, Ltd.

3. Address of Operator
303 W. Wall Ave., Suite 1800, Midland, Texas 79701-5116

4. Well Location
Unit Letter M : 554 feet from the South line and 554 feet from the West line
Section 6 Township 15-S Range 35-E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4061' DF

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 ☐

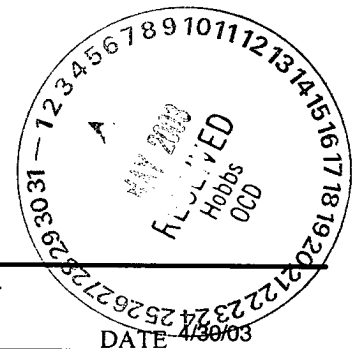
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Scheduled MIT Pressure Test ☒

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.

03-25-03 Loaded tubing/ casing annulus w/1bbl 2% KCl water and tested to over 500 psi for 30 minutes, held ok.
OCD representative Mr. Billy Prichard did not require running chart, but to only remove guages and verify that they were correct.



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

SIGNATURE C. Lynn Smith TITLE Engineering Assistant

DATE 4/30/03

Type or print name C. Lynn Smith

Telephone No. (432) 687-1777

(This space for State use)

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Gary W. Wink TITLE

DATE

Conditions of approval, if any:

MAY 05 2003