

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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

Form C-103
May 27, 2004

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

WELL API NO.

30-041-00133

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

3483

7. Lease Name or Unit Agreement Name

Weathersby Lease

8. Well Number

1

9. OGRID Number

219023

10. Pool name or Wildcat

Milnesand/San Andres

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 ☐

2. Name of Operator THOMAS AND RUBY PARKINSON TRUST

3. Address of Operator 4634 N.M. Rd 206
Milnesand, NM 88125

4. Well Location

Unit Letter D : 660 feet from the N line and 660 feet from the W line
Section 24 Township 8S Range 34E NMPM County Roosevelt

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. 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.

1. MRIU WSU POH W PROD EQUIP

@. RIH & CO TO 4613

3. TREAT-PERFS-4554-4620 w/250 gal XYLENE

4. PWOP-RDMO

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Thomas Parkinson TITLE OWNER/OPERATOR DATE 14 FEB 06

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: Hayward Wink

TITLE DC FIELD REPRESENTATIVE II/STAFF ADJUTANT

Conditions of Approval (if any):

FEB 16 2006