Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		WELL API NO.	Form C-103 May 27, 2004
District II	OII CONGEDITATION DE TOTOS		30-025-26187	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE   FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No	0.
	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agre	eement 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.)		Thell Gaochli		
1. Type of Well: Oil Well			8. Well Number	
2. Name of Operator R. Stepans dba Steans		9. OGRID Number るしらると		
3. Address of Operator HCL5 Box 988, Chossnords, N.M. 88114		10. Pool name or Wildcat		
4. Well Location	•		7/ying"M" JAN A	
Unit Letter :	525 feet from the NORT	1-1 line and 18.	40 feet from the Ex	757 line
Section 30	Township 9 S Rai	nge 33E	NMPM Lea County	NM
Pit or Below-grade Tank Application 🔲 o	11. Elevation (Show whether DR,	KKB, K1, GK, etc.)		
	aterDistance from nearest fresh wa	otow well Distan		
Pit Liner Thickness: mil			nce from nearest surface water	
		bbls; Cons		
12. Check A	Appropriate Box to Indicate Na	iture of Notice, R	eport or Other Data	•
NOTICE OF IN PERFORM REMEDIAL WORK □	TENTION TO: PLUG AND ABANDON □	SUBS REMEDIAL WORK	EQUENT REPORT O	
TEMPORARILY ABANDON		COMMENCE DRILL	☐ ALTERING ING OPNS.☐ P AND A	CASING [
PULL OR ALTER CASING		CASING/CEMENT		П
OTHER:		OTHER: Clas	v Location	
13. Describe proposed or compl	eted operations. (Clearly state all ne	ertinent details, and o	ive nertinent deter in al. 1'	estimated data
of starting any proposed wor or recompletion.	rk). SEE RULE 1103. For Multiple	Completions: Attac	h wellbore diagram of propo	sed completion
Removed Li	berghestank ha	ula Dalla	och hem .	<b>.</b>
metal del			- 1	_
new sign	bergbestank, ha no Ende remou with API#	ed and	put up	
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	•		Tallor.	
hereby certify that the information ab	ove is true and complete to the best oped according to NMOCD guidelines [], a	of my knowledge an	d belief. I further certify that an	ny pit or below-
IGNATURE John L.	TITLE OU		DATE 3	
vne or print name				/
Type or print name John R. Sor State Use Only	<b>A</b>		Telephone No. 505-675	-2354
		RESENTATIVE II/ST	AFF MANAGER	J
PPROVED BY: (august).	LULD THE DREF	RESENTATIVE	MARE 29	