

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  
June 19, 2008

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

|  |  |   |
|--|--|---|
| <b>SUNDY NOTICES AND REPORTS ON WELLS</b><br>(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.)        |  | WELL API NO.<br><b>30-005-21060</b>   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>SWD</b>   |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br><b>RELIANC ENERGY</b>   |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br><b>500 W. ILLINOIS, SUITE 1200 MIDLAND TX 79701</b>  |  | 7. Lease Name or Unit Agreement Name<br><b>CAMPILL</b>  |
| 4. Well Location<br>Unit Letter <b>C</b> : <b>1060</b> feet from the <b>N</b> line and <b>1980</b> feet from the <b>W</b> line<br>Section <b>34</b> Township <b>13S</b> Range <b>31E</b> NMPM County <b>Chaves</b> |  | 8. Well Number # <b>1</b>   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  | 9. OGRID Number<br><b>149441</b>  |
|  |  | 10. Pool name or Wildcat  |

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 ☐  
DOWNHOLE COMMINGLE ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: **CHECK TUBING + PACKER** ☐

OTHER: **REPLACE TUBING + PACKER** ☐

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.

**REPLACED TUBING + PACKER**  
**TESTED GOOD @ 500 #**

**RECEIVED**

**HOBBBS OCD**

Spud Date:

Rig Release Date:

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

SIGNATURE **Eddie J. Jaramila** TITLE **Pumper** DATE **7-18-08**

Type or print name **Eddie J. Jaramila** E-mail address: PHONE **(575) 369-6135**

For State Use Only

APPROVED BY: **Tom W. Hill** TITLE **JC FIELD REPRESENTATIVE II/STAFF MANAGER** DATE **SEP 09 2008**

Conditions of Approval (if any):

