

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

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

Form C-103
Revised June 10, 2003

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.)		WELL API NO. 30-025-34070
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator John R. Stearns dba Stearns		6. State Oil & Gas Lease No.
3. Address of Operator HC 65 Box 988, Crossroads, N.M. 88114		7. Lease Name or Unit Agreement Name STATE 16
4. Well Location Unit Letter P : 330 feet from the South line and 940 feet from the EAST line Section 16 Township 9S Range 37E NMPM County LEA		8. Well Number 1Y
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 21566
		10. Pool name or Wildcat MARROW

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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **Clean & Test Well** ☒

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.

Talked with Chris Williams Nov. 7, 2003 and got an OK to flow well for cleanup & testing purposes.



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

SIGNATURE *John R. Stearns* TITLE Owner DATE 11/10/03

Type or print name John R. Stearns E-mail address: Telephone No 505/675/2356

(This space for State use)

APPROVED BY *Larry W. Wink* OC FIELD REPRESENTATIVE II/STAFF MANAGER TITLE DATE NOV 18 2003

Conditions of approval, if any: