Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office  | CONICEDUATIO  | NI DIVICION               | τ   |             |
|--|---|---------------------------|---|-------------|
| P.O. Box 1980, Hobbs NM 88241-1980   | 80, Hobbs NM 88241-1980 2040 Pacheco St.              |                           | WELL API NO.<br>30-025-30497  |             |
| Santa Fe, NM 87505<br>O. Drawer DD, Artesia, NM 88210  |   | 5. Indicate Type of Lease | FEE X   |             |
| <u>DISTRICT III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410  |   |                           | 6. State Oil & Gas Lease No.  |             |
| 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.) |   |                           | 7. Lease Name or Unit Agreement Name PRICE FAMILY TRUST   |             |
| 1. Type of Well: OIL GAS WELL WELL OTHER   |   |                           | THIS TABLE THESE  |             |
| 2. Name of Operator  |   |                           | 8. Well No.   |             |
| GRUY PETROLEUM MANAGEMENT  |   |                           | 2   |             |
| 3. Address of Operator P.O. BOX 140907, IRVING, TEXAS 75014-0907   |   |                           | 9. Pool name or Wildcat SHIPP STRAWN  |             |
| 4. Well Location   | From The SOUTH  | Line and 1750             |   | Line        |
| Section 1 Town   | <sub>nship</sub> 17S <sub>Rai</sub>                   | <sub>nge</sub> 37E        | NMPM LEA  | County      |
|  | 10. Elevation (Show wheth GL: 3737.5'                 |                           | c.)   |             |
| 11. Check Appropr  |   |                           | ce, Report, or Other Data   | <u> </u>    |
| NOTICE OF INTENTION TO:  SUBSEQUENT REPO   |   |                           |   |             |
| PERFORM REMEDIAL WORK PLU  | JG AND ABANDON  | REMEDIAL WORK             | ALTERING CASING   |             |
|  | ANGE PLANS  |                           | []  |             |
|  | ANGE PLANS -  | COMMENCE DRILLING         |   | JIMMEN 1    |
| PULL OR ALTER CASING   | <del></del>   | CASING TEST AND CE        | WENT JOB  |             |
| OTHER:   |   | OTHER:                    |   |             |
| 12. Describe Proposed or Completed Operations work) SEE RULE 1103.   | Clearly state all pertinent de                        | tails, and give pertinent | · ·   |             |
| 12-10-03   |   |                           | 123456789 OL \$00<br>123456789 OL \$00<br>11, |             |
| SPOT 40 SKS @ 7830-7730<br>12-11-03 SPOT 80 SKS @ 4475 W.C   | ) C   |                           | -1234   |             |
| 12-11-03 SPOT 80 SKS @ 4475 W.C  | 7.C. & TAG @ 4330                                     |                           | 3031 120456   |             |
| SPOT 35 SKS 450-350  |   |                           |   |             |
| SPOT 20 SKS 63-SURFACE   | •   |                           | 15 Chapto 57  |             |
|  |   |                           | 121 200 20  |             |
| CIRCULATE MUD Tich   | proved as to plugging of<br>pility under bond is reta | the Well Bore.            | 15 4 40,00 mg   |             |
|  | ace restoration is comp                               | inea unui<br>Neted.       |   |             |
|  | to account to comp                                    | , actor                   | 123456760 1112334760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760 00 111234760  |             |
| I hereby certify that the information above is true and co   |   | des and heliof            |   | <del></del> |
| SIGNATURE SIGNATURE  | OA. SOLUTION AND AND AND AND AND AND AND AND AND AN   | ለ CE NT                   | DATE 12-  | 12-03       |
| TYPE OR PRINTENAME JEFF KESTER / DAVID   | ) A. EYLER - 43                                       | 2.687.3033                | TELEPHONE NO. 915-  | 547-2926    |
| (This space for State Use)   |   | REPRESENTATIVE II         | I/STAFE MANIACED  |             |
| - Manual Island  | P   |                           | JAN   | 0 2 2004    |
| CONDITIONS OF APPROVAL, IT ANY:  | TITL  | E                         | DATE  |             |
| V  |   |                           |   |             |