| NO. OF COPIES RECEIVE                                                            | D                                                                                                        |                                                                                                                                                                                                   | •                                                                                                                                                              | Form C-103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISTRIBUTION                                                                     |                                                                                                          |                                                                                                                                                                                                   | Supersedes Old<br>C-102 and C-103                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION                                  |                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FILE                                                                             |                                                                                                          | <b>↓</b> ·                                                                                                                                                                                        |                                                                                                                                                                | 5a, Indicate Type of Lease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| U.S.G.S.                                                                         |                                                                                                          | 4                                                                                                                                                                                                 |                                                                                                                                                                | State   Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| LAND OFFICE                                                                      | -+                                                                                                       | 4                                                                                                                                                                                                 |                                                                                                                                                                | 5. State Off & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| OPERATOR                                                                         |                                                                                                          | ٦                                                                                                                                                                                                 |                                                                                                                                                                | o, state on a das geass not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                  | SLINDE                                                                                                   | DV NOTICES AND DEPORTS                                                                                                                                                                            | CON WELL C                                                                                                                                                     | 111111111111111111111111111111111111111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (DO NOT USE THE                                                                  | S FORM FOR PROUSE "APPLICAT                                                                              | RY NOTICES AND REPORTS OPOSALS TO DRILL OR TO DEEPEN OR P TION FOR PERMIT -" (FORM C-101) FOR                                                                                                     | J OIN WELLS<br>Plug back to a different reserve<br>or such proposals.)                                                                                         | DIR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1.                                                                               |                                                                                                          |                                                                                                                                                                                                   | <del>-</del>                                                                                                                                                   | 7. Unit Agreement Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                  | WELL                                                                                                     | OTHER-                                                                                                                                                                                            | Diamonal                                                                                                                                                       | 37000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2. Name of Operator                                                              |                                                                                                          | DGIC NGCE                                                                                                                                                                                         | r Disposal                                                                                                                                                     | Non Lease Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. Address of Berard                                                             | HANKS                                                                                                    |                                                                                                                                                                                                   |                                                                                                                                                                | Monterey-State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. Address or Operator                                                           |                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                | diwender of _preserve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4 Local 102 woil                                                                 | <del>&amp; Gas B</del>                                                                                   | uilding, Wichita                                                                                                                                                                                  | Falls, Texas 763                                                                                                                                               | 16. Field and Pool, or Wildcat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4. Location of won                                                               |                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| UNIT LETTERA                                                                     | <del>5</del>                                                                                             | FEET FROM THE NOT                                                                                                                                                                                 | th Line and 660                                                                                                                                                | FEET FROM VINCER ON THE PROPERTY OF THE PROPER |
| THE MA                                                                           | I INF SECTI                                                                                              | IOU 4  TOWNSHIP 4.                                                                                                                                                                                | PANCE -                                                                                                                                                        | NMPM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| "" East                                                                          |                                                                                                          | TOWNSHIP                                                                                                                                                                                          | OS RANGE 32E                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                  |                                                                                                          | 15. Elevation (Show wh                                                                                                                                                                            | hether DF, RT, GR, etc.)                                                                                                                                       | 12. County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| illillillillilli                                                                 | <i>       </i>                                                                                           | 111111                                                                                                                                                                                            | 44+                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16.                                                                              | Check                                                                                                    | Appropriate Box To Indica                                                                                                                                                                         | ate Nature of Notice, Rep                                                                                                                                      | ort or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NC                                                                               | TICE OF II                                                                                               | NTENTION TO:                                                                                                                                                                                      | SUE                                                                                                                                                            | SSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                  |                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PERFORM REMEDIAL WORK                                                            | * 📙                                                                                                      | PLUG AND ABANDON                                                                                                                                                                                  | REMEDIAL WORK                                                                                                                                                  | ALTERING CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TEMPORARILY ABANDON                                                              |                                                                                                          |                                                                                                                                                                                                   | COMMENCE DRILLING OPNS.                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PULL OR ALTER CASING                                                             |                                                                                                          | CHANGE PLANS                                                                                                                                                                                      | CASING TEST AND CEMENT .                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 0.745.7                                                                          |                                                                                                          |                                                                                                                                                                                                   | OTHER RO-ENTE                                                                                                                                                  | y of Monterey Oil Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| OTHER                                                                            | ·                                                                                                        |                                                                                                                                                                                                   | Gulf St                                                                                                                                                        | ate #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 12- 1-68<br>12- 2-68<br>12- 3-68<br>12- 6-68<br>12-10-68<br>12-11-68<br>12-12-68 | Circul: 12 sac: Circul: Washing Ran 10 10,104 burton sulphu: Will mas soo: Moved to Picked 4 5/8" Tagged | ated hole, mudded iks starch, circular ating to mix mud.  g .804° of 5 1/2" called of N-80 17#, and packer shoe at 10 ir resistant incorporation clear workover unit on 1 up 10,763° of 2 is bit. | up with 130 bbls ated old mud from asing: 200 of N-80 200,804; cemented cement; plug down orkover unit with ared. location. 3/8" OD tubing willar at 10,763; d | -80 20# casing on top,<br># on bottom; set Halli-<br>with 150 sacks of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10 12 60                                                                         | COTTO.                                                                                                   |                                                                                                                                                                                                   | L. A                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12-13-68                                                                         | Drille                                                                                                   | and 30° of cement<br>d remainder of cement                                                                                                                                                        | ment and packer s                                                                                                                                              | hoe, no cement below last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                  | Drille<br>foot o                                                                                         | and 30' of cement<br>d remainder of cen<br>f metal drilled.                                                                                                                                       | ment and packer s<br>Washed 10/ and c                                                                                                                          | commenced toccirculate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                  | Drille<br>foot o                                                                                         | and 30° of cement<br>d remainder of cement                                                                                                                                                        | ment and packer s<br>Washed 10/ and c                                                                                                                          | commenced toccirculate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 18/ I hereby certify that                                                        | Drille<br>foot o                                                                                         | and 30° of cement of remainder of cement of metal drilled.                                                                                                                                        | washed 10/ and complete the best of my knowledge and belief.                                                                                                   | commenced toccirculate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                  | Drille<br>foot o                                                                                         | and 30° of cement of remainder of cement of metal drilled.                                                                                                                                        | washed 10/ and complete the best of my knowledge and belief.                                                                                                   | commenced toccirculate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 18/ I hereby certify that                                                        | Drille<br>foot o                                                                                         | and 30° of cement of remainder of cement of metal drilled.                                                                                                                                        | ment and packer s<br>Washed 10/ and c                                                                                                                          | commenced toccirculate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 18. I hereby certify that                                                        | Drille<br>foot o                                                                                         | and 30° of cement of remainder of cement of metal drilled.                                                                                                                                        | washed 10/ and complete the best of my knowledge and belief.                                                                                                   | commenced toccirculate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 18.1 hereby Certify that                                                         | Drille foot or the Mash as                                                                               | and 30° of cement of remainder of cement of metal drilled.  Habove fature and complete to the                                                                                                     | washed 10/ and complete the best of my knowledge and belief.                                                                                                   | DATE 12-17-58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 18. I hereby certify that                                                        | Drille foot or the Mash as                                                                               | and 30° of cement of remainder of cement of metal drilled.  Habove fature and complete to the                                                                                                     | washed 10/ and complete the best of my knowledge and belief.                                                                                                   | DATE 12-17-58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |