ubmit 3 Copies
Appropriate
istrict Office

DISTRICT I
.O. Box 1980, Hobbs, NM 88240

DISTRICT II
.O. Drawer DD, Artesia, NM 88210

DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, M... rals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30025 01008

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: State BTQ

. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

. Name of Operator: Asher Enterprises LTD. Co

8. Well No. 1

. Address of Operator: PO Box 423 Artesia NM 88210

9. Pool name or Wildcat: Bagley Permo Penn North

. Well Location
Unit Letter P : 660 Feet From The S Line and 660 Feet From The E Line

Section 33 Township 11 Range 33 NMPM Lea County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)

1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
ERFORM REMEDIAL WORK	☑	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
EMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
ULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
THER:	☐			OTHER:	☐		

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

We are going to change out all 3/4 sucker Rods on this lease, we are currently waiting on a pulling unit to do this work. The pulling unit company informed us it will be approximately 2-3 weeks before they will have a unit available, at such time we will immediately finish the work on this lease & Re-establish production.

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

SIGNATURE [signature] TITLE Partner DATE 10-28-97

TYPE OR PRINT NAME Kevin Jones TELEPHONE NO. 505 748-7424

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: