Submit 3 Copies To Appropriate District Form C-103 State of New Mexico Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-23737 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE | FEE  $\Box$ Santa Fe. NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 NM-0202771A SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 Government "C" PROPOSALS.) NM 061P 3587 C427 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 8. Well No. Novy Oil & Gas, Inc. 1 3. Address of Operator 9. Pool name or Wildcat 125 N. Market St., Suite 1230, Wichita, KS 67202 Vada Penn 4. Well Location Unit Letter G : 1980 feet from the \_\_north \_\_\_ line and \_\_\_1830 \_\_\_\_ feet from the \_\_east Township 9S County Lea Section 1 Range 34E **NMPM** 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4217' GL; 4233' RKB 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING COMMENCE DRILL NG OPNS. PLUG AND ☐ CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** MULTIPLE **CASING TEST AND** PULL OR ALTER CASING **CEMENT JOB** COMPLETION OTHER: Start well pumping 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Fill propane tank. Start engine and start well pumping. 11-4-99 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE President **SIGNATURE** DATE 11/14/99 Telephone No. (316) 265-4651 Frank E. Novy, President Type or print name (This space for State use) TITLE DATE APPPROVED BY Conditions of approval, if any: