Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-34236 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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 PROPOSALS.) 1. Type of Well: Oil Well Gas Well G Other SWD 2. Name of Operator 8. Well No. Lewis Fee 19 #1 KCS Medallion Resources, Inc. 9. Pool name or Wildcas East 3. Address of Operator Wildest: Devonian Crossroads 7130 South Lewis, Ste. 700 Tulsa, OK 74136-5489 4. Well Location 1130 Unit Letter ___ feet from the South line and 2544 feet from the West Section 31 Township Range **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 CHANGE PLANS** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON PLUG AND ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING** MULTIPLE **CEMENT JOB** COMPLETION OTHER: Install pipeline to transport SWD X 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. ASAP- Install centrifugal pump, control panel, high tank level shut down, high line pressure shut down. MIRU WSU, pick up rod string and PC pump and replace packing on same. Redhorn will install flowline to their SWD. Return well to production. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Production Technician DATE SIGNATURE. Type or print name Kaye Alley Telephone No. (918)491-4137 (This space for State use)

_ TITLE_

DATE

APPROVED BY

Conditions of approval, if any:

