DISTRICT I

DISTRICT II

DISTRICT III

DISTRICT IV

I. Type of Well:

OIL

WELL 2. Name of Operator

3. Address of Operator

4. Well Location

Section

11.

OTHER:

L X

C. W. TRAINER

Unit Letter C :

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

33

811 S. First, Artesia, NM 88210

1000 Rio Brazos Rd, Aztec, NM 87410

2040 South Pacheco, Santa Fe, NM 87505

X

OIL CONSERVATION DIVISION

OTHER:

CHANGE LEASE NAME

CASING TEST & CEMENT JOB

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF TO DEEPEN OR PLUG BACK TO A

c/o OIL REPORTS & GAS SERVICES, INC.,1008 W. BROADWAY, HOBBS, NM 88240

1625 N. French Dr., Hobbs, NM 88240

NOTICE OF INTENTION TO:

| OIL CONSERVATION DIVISION | | | | |
|--|--|--|--|--|
| 88240 2040 S. Pacheco Santa Fe, New Mexico 87505 | WELL API NO. 30-005-21174 | | | |
| 87410 | 5. Indicate Type of Lease STATE FEE X | | | |
| 67410 | | | | |
| NM 87505 | 6. State Oil & Gas Lease No. | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | |
| RM FOR PROPOSALS TO DRILL OF 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 | | | |
| GAS OTHER | M & W WILLIAMS | | | |
| ER | 8. Well No. 1 | | | |
| & GAS SERVICES, INC.,1008 W. BROADWAY, HOBBS, NM 88240 | 9. Pool name or wildcat WILDCAT; PADDOCK | | | |
| 400 Feet From The NORTH Line and 2300 | Feet From The WEST Line | | | |
| 400 rearrain ne Worth | Chaves | | | |
| Township 14S Range 31E | NMPM LES County | | | |
| 10, Elevation (Show whether DF, RKB, RT, GR, ect.) 4278 | | | | |
| Check Appropriate Box to Indicate Nature of Notice, Report, or O | Other Data | | | |
| | ENT REPORT OF: | | | |
| DRK PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING | | | |
| N CHANGE PLANS COMMENCE DRILLING OPNS. | PLUG & ABANDONMENT | | | |

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.

CHANGE OF LEASE NAME

FROM: WILLIAMS #1

TO: M & W WILLIAMS #1

| I hereby certify than the information above is true a | nd complete to the best of my knowled | ge and belief. AGENT | | DATE | 08/26/02 |
|--|--|-----------------------|--------------|-------|--------------------------|
| TYPE OR PRINT NAME Gaye Heard | | | TELEPHONE NO | (505) | 393-2727 |
| (THIS SPACE FOR STATE USE) APPROVED BY CONDITIONS APPROVAL, IF ANY: | ORIGINAL SKMAED BY TITI G ARY W. WINK OC FIELD REPRESENTA | | Manager | D/ | ate SEP () 3 2002 |