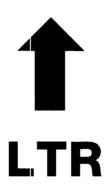
| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE | NEW MEXICO OIL CON | Form C-103 Supersedes Old C-102 and C-103 Effective 2005 | | | |
|--|--|--|--|--|--|
| FILE | NEW MEXICO OIL CON | SERVATION COMMISSION | Effective 1-1-65 | | |
| U.S.G.S. | | | 5a. Indicate Type of Lease | | |
| LAND OFFICE | | | State Fee | | |
| OPERATOR | J | | 5. State Oil & Gas Lease No. | | |
| SUNDR | RY NOTICES AND REPORTS ON PIPOSALS TO DRILL OR TO DEEPEN OR PLUG | N WELLS | | | |
| 1. OIL GAS | 7, Unit Agreement Name | | | | |
| 2, Name of Operator | 8, Farm or Lease Name | | | | |
| 3. Address of Operator | | | 9. Well No. | | |
| 4. Location of Well | | | 10. Field and Pool, or Wildcat | | |
| UNIT LETTER | The second secon | | | | |
| | FEET FROM THE | LINE AND FEET FR | | | |
| THE LINE, SECTION | ON TOWNSHIP | RANGENMF | $_{\scriptscriptstyle{M}}$ | | |
| *************************************** | 15. Elevation (Show whether | | | | |
| | 12. County | | | | |
| | Appropriate Box To Indicate 1 | Nature of Notice, Report or C |)ther Data | | |
| NOTICE OF IN | ITENTION TO: | SUBSEQUE | NT REPORT OF: | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | | |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT | | |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | . 300 1112 11201111211 | | |
| | | OTHER | | | |
| OTHER | | | | | |
| 17. Describe Proposed or Completed Op | perations (Clearly state all pertinent de | tails, and give pertinent dates, includi | ng estimated date of starting any proposed | | |
| work) SEE RULE 1103. | | | | | |
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| 18. I hereby certify that the information | above is true and complete to the best | of my knowledge and belief. | | | |
| 11 | La I | | | | |
| SIGNED (| MUND TITLE | | DATE | | |
| w.xC | Amil | "OPER ASING MESTRICT + | i e galan. | | |
| APPROVED BY | TITLE | | DATE | | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | |







Job separation sheet

| NO. OF COPIES RECEIVED | | | | | | | • |
|--|-----------------------------|----------------------------|---|------------------|--|---------------|--|
| DISTRIBUTION | NEW | MEXICO OIL CONSER | RVATION COM | Miliosofiia | | Pose Calli | |
| SANTA FE | | .,,_,,,, | - · · · · · · · · · · · · · · · · · · · | | | Revised 1-1-6 | 15 |
| FILE | | | | | | | Type of Lease |
| U.S.G.S. | | | | - | | 5741€ [| FEE Y |
| LAND OFFICE | | | | | | Surdata CII | & Gds Fedse No. |
| OPERATOR | | | | | | | |
| | | | | | | | |
| | N FOR PERMIT TO | DRILL, DEEPEN, (| OR PLUG BA | <u>Ck'</u> | | | |
| 1a. Type of Work | | | | | | 7. Unit Agre | eement Name |
| DRILL DRILL | | DEEPEN | | PEUG B | ack [] | 8. Form or L | |
| b. Type of Well OIL GAS WELL WELL | | | Six of all T | PAUL T | | 1 | |
| OIL GAS WELL 2. Name of Operator | OTHER | | ZONE | | ZONE | 1. 1. 1. | engin was |
| · - | | | | | | 4. HeII 110. | |
| 3. Address of Operator | | | | | | 10 Pieli or | nd Pool, er Wildout |
| | | | | | | UND | ESIGNATED |
| 4. Location of Well UNIT LETTER LOCATED FEET FROM THE LINE | | | | | | imm | |
| UNIT LETTE | R LOC | ATEDFI | EET FROM "HI | | LINE | | |
| AND . / FEET FROM | THE SECOND LINE | E OF SEC. A | wp. 1451 + | | spen | | |
| THI THINK THE | immini | | | 77.77 | 111111 | 12. County | XHHHH |
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| Maria Ma | HHHHH | <i>HHHHH</i> | <i>HH:HH:</i> | | <i>}-</i> - - - - - - - - - - - - - - - - - - | 111111 | |
| | | | | | | | |
| | | | 9. Proposed Det | ib Ti | A. Praudic | on. | 20. Rotary or C.T. |
| | | | <u>. 1200</u> | - | | <u> </u> | N. Harris |
| 21. Elevations (Show whether DF, | <i>RT</i> , etc.) 21A. Kind | & Status Plug. Bond 2 | 1B. Drilling Co.: | r titor | | [] | : Wate Work will start |
| | | | المراجع المتحدد | يد بند . | | <u> </u> | |
| 23. | Р | ROPOSED CASING AND | CEMENT PROD | - E = M | | | |
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| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING L | EPTH. | SACKS O | F CEMENT | EST, TOP |
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| IN ABOVE SPACE DESCRIBE PR | OPOSED PROGRAM: If / | PROPOSAL IS TO DEEPEN OF | R PLUG BACK, GIV. | Selection of the | ranalist FR | COUCTIVE ZONE | AND PROPOSED NEW PRODUC |
| TIVE ZONE, GIVE BLOWOUT PREVENTE | ER PROGRAM, IF ANY. | | | | · · · · · · · · · · · · · · · · | | |
| I hereby certify that the informatio | n above is true and comp | olete to the best of my ke | towledge and bell | lei. | | | |
| | f he . I | T'. 1 | | | | -23 | in the state of th |
| signed () | -ginsun | Title | | | <u> </u> | Date | |
| (This space for & | Kate Use) | | | | | | |
| | | Comment of | * ** | | | • | |
| APPROVED BY | | TITLE | | | | 5A1≟ | |
| CONDITIONS OF APPROVAL, IF | ANY: | 5 10 (197 | | | | | |