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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                                                                                     |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--|------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------|----------------------------------------------|---------------------------------------|-------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|--------------------------------|------------------------------------------------------|--|--|--|--------------------------------|--|
| <p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center"><small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | <p>5a. Indicate Type of Lease<br/>State <input type="checkbox"/> Fee <input checked="" type="checkbox"/></p> <p>5. State Oil &amp; Gas Lease No.</p>                                |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
| <p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. Name of Operator<br/><b>William K. Young</b></p> <p>3. Address of Operator<br/><b>750 West Fifth Street, Ft. Worth, Texas 76102</b></p> <p>4. Location of Well<br/>UNIT LETTER <b>M-1</b> <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>1980</b> FEET FROM THE <b>South</b> LINE, SECTION <b>32</b> TOWNSHIP <b>3S</b> RANGE <b>33 E</b> N.M.P.M.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | <p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name<br/><b>D. B. Lieb et al "A"</b></p> <p>9. Well No.<br/><b>1</b></p> <p>10. Field and Pool, or Wildcat<br/><b>Wildcat</b></p> |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
| <p>15. Elevation (Show whether DF, RT, CR, etc.)<br/><b>4297 Ground</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | <p>12. County<br/><b>Roosevelt</b></p>                                                                                                                                              |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
| <p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p> <table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/></td> <td>PLUG AND ABANDONMENT <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> <td>CASING TEST AND CEMENT JOBS <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>OTHER <input type="checkbox"/></td> <td></td> </tr> </table> |                                           |                                                                                                                                                                                     | NOTICE OF INTENTION TO:                       |  | SUBSEQUENT REPORT OF: |  | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |  |  |  | OTHER <input type="checkbox"/> |  |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | SUBSEQUENT REPORT OF:                                                                                                                                                               |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                              | ALTERING CASING <input type="checkbox"/>      |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>                                                                                                                         | PLUG AND ABANDONMENT <input type="checkbox"/> |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/>                                                                                                                                |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | OTHER <input type="checkbox"/>                                                                                                                                                      |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |
| <p>17. 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.</p> <p align="center"><b>Well sudded @11:00 P.M. 9-21-77 with 12 1/4" bit.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                     |                                               |  |                       |  |                                                |                                           |                                        |                                          |                                              |                                       |                                                             |                                               |                                               |                                |                                                      |  |  |  |                                |  |

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

|                                                                |                                       |                                |
|----------------------------------------------------------------|---------------------------------------|--------------------------------|
| SIGNED <u><i>W. C. Montgomery</i></u>                          | TITLE <u><b>District Engineer</b></u> | DATE <u><b>9-22-77</b></u>     |
| <p align="center">Signed By <u><i>W. C. Montgomery</i></u></p> |                                       |                                |
| APPROVED BY _____                                              | TITLE _____                           | DATE <u><b>SEP 27 1977</b></u> |
| <p>CONDITIONS OF APPROVAL, IF ANY:</p>                         |                                       |                                |