

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30-025-30201  
5. Indicate Type of Lease  
STATE ☒ FEE ☐  
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:  
Humble Hume 5 State

8. Well No.  
1  
9. Pool name or Wildcat  
Wildcat San Andres

SUNDRIY NOTICES AND REPORTS ON WELLS  
(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 ☐ Other

2. Name of Operator  
Jetta Operating Co., Inc.

3. Address of Operator  
777 Taylor St., Suite P1-D Fort Worth, TX 76102

4. Well Location  
Unit Letter W : 660 feet from the South line and 1980 feet from the East line  
Section 5 Township 16S Range 34E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
14.7' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. MIRU
2. POOH laying down pump and rods.
3. POOH with tubing
4. Set CIBP @ 4940', dump 10' cement.
5. Pressure test casing to 500#
6. TIH with tubing, circ inhibited KCL
7. Secure well
8. RDMO

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

SIGNATURE [Signature] TITLE Operations Manager DATE 3/17/03

Type or print name David Patterson Telephone No. (817) 335-1179

(This space for State use) ORIGINAL SIGNED BY

APPROVED BY GARY W. WINK TITLE OC FIELD REPRESENTATIVE

Conditions of approval, if any:

DATE MAR 21 2003



