## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240

WELL API NO. 2040 Pacheco St. 30-0-25-27953 Santa Fe, NM 87505

DISTRICT II P.O. Drawer DD, Artesia, NM 88210							₅Indicate Type of Lease		
DIGEOGRAPHICAL INC.								STATE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						₀State Oil & Gas Lea			
								K-4606	
	RY NOTICES								
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A							<sup>7</sup> Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)							State	VI	
1Type of Well:	246								
OIL (	GAS WELL		OTHER						
₂Name of Operator Ricks	Explorati	on, Inc.					sWell No.	1	
3Address of Operator						Pool name or Wildcat			
210 F	ark Ave.,	Suite 300	00				North Va	cuum Atoka	a Morrow Ga
₄Well Location	0001		1						
Unit Letter P :	990' Feet	From The	South	Line	and	990'	Feet From The	<u>East</u>	Line
Section 1		Township -	l7s	Range	34E	2	NMPM	Lea	County
			(Show whether 4023			.)			
11 (	Check Appro					ce, Rep	ort, or Other I	Data	
•							SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	x	PLUG AND AE	BANDON [	REME	DIAL WO	PRK		ALTERING CA	SING
TEMPODADII V ABANDON		CHANGE DI A	Ne [		ENCE DE	RILLING OF	PNS 🗆	PLUG AND ANE	SANDONMENT [

TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: OTHER:

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Place Atoka perfs @11528-11553' behind Packer.

Remove plug set in Packer @11750'. Restablish production from Atoka perforations @11902-11914'.

> Hobbs OCD

I hereby certify that the information above is true and complete to the best of	my knowledge and belief.	
SIGNATURE SUMME SUCHY	TITLE Drilling Asstnt	DATE 10/25/01
TYPE OR PRINT NAME Lynne Suchy		TELEPHONE NO. 405/516-110

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY

DATE

CONDITIONS OF APPROVAL, IF ANY:

GARY W. WINK NATURAL SCIENCE MANAGER - 2