

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-28083
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	SWD 119
7. Lease Name or Unit Agreement Name	STATE "AJ"
8. Well No.	#1
9. Pool name or Wildcat	DEVONIAN

SUNDRY 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SWD <input type="checkbox"/>	
2. Name of Operator ALLIANCE CORP. LLC	
3. Address of Operator P O BOX 1378 HOBBS NM 88240	
4. Well Location Unit Letter G : 2310 Feet From The NORTH Line and 2310 Feet From The EAST Line Section 33 Township 18S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3806	

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 ☐
OTHER: TEST ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Test ☐

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.

THE CASING ANNULUS WAS TESTED BY LOADING WITH BRINE WATER AND CHEMICAL ADDATIVES.

PRESSURED UP TO 300# AND HELD.

1/24/98

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

SIGNATURE Robert Layton TITLE President DATE 3-31-98

TYPE OR PRINT NAME Robert Layton TELEPHONE NO. 505 3921351

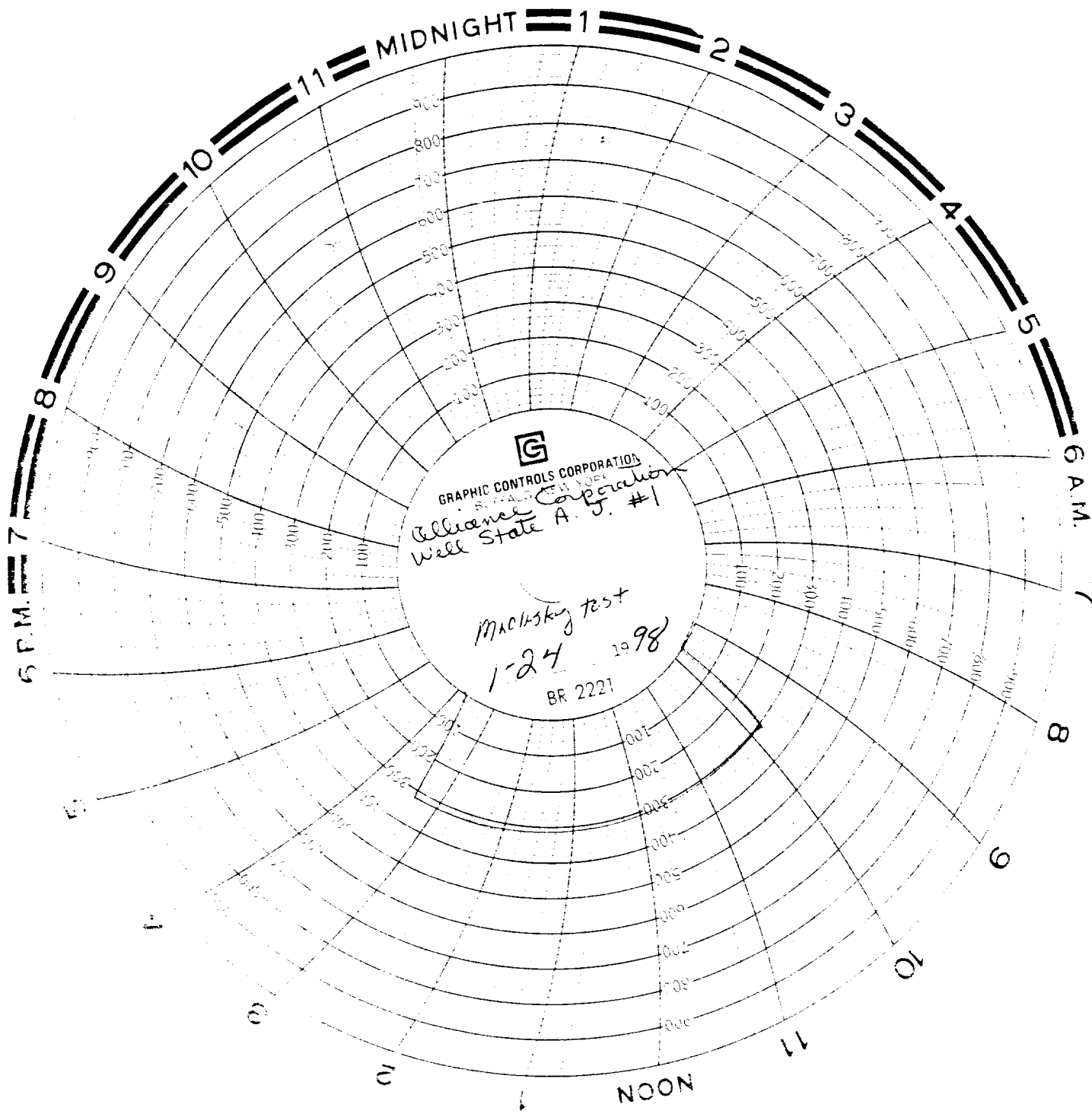
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ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR



GRAPHIC CONTROLS CORPORATION
S. PLAZA, NEW YORK
Alliance Corporation
Well State A. J. #1
Machsky test
1-24 1998
BR 2221