

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Encl. of, 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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| |
|---|
| WELL API NO. 30-025-31187 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. VB-0394 |
| 7. Lease Name or Unit Agreement Name Buffalo Wallow State |
| 8. Well No. 1 |
| 9. Pool name or Wildcat Wildcat Siluro-Dev |

| | |
|--|--|
| 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | |
| 2. Name of Operator Charles R. Qualia | |
| 3. Address of Operator P.O. Box 10181 Midland, Texas 79702 | |
| 4. Well Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 1 Township 18S Range 35E NMPM Lea County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

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: SI Extension Plans ☒

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.

Plans are to either run a casing test, re-enter or plug and abandon this well within the 3 month extension that was granted to Siete Oil & Gas Corporation prior to my take over as operator.

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

SIGNATURE Charles R. Qualia TITLE Operator DATE 10-12-92
TYPE OR PRINT NAME Charles R. Qualia 915-682-4183 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: