

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-34343

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

22993

7. Lease Name or Unit Agreement Name:

WEST HOBBS STATE UNIT

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 ☐ Gas Well ☐ Other DRY

2. Name of Operator

RICKS EXPLORATION, INC.

8. Well No.

1

3. Address of Operator

210 PARK AVENUE SUITE 3000, OKLAHOMA CITY, OK 73102

9. Pool name or Wildcat

WILDCAT ABO

4. Well Location

Unit Letter P : 1120 feet from the SOUTH line and 860 feet from the EAST line

Section 8 Township 18S Range 37E NMPM LEA County

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

GL: 3741' KB: 3784'

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 recompletion.

STUDYING FOR FUTURE UTILITY

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

SIGNATURE Cindy L. Carden TITLE Production Assistant DATE 8/3/00

Type or print name Cindy L. Carden

Telephone No. 405/516-1128

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: