| Submit 3 Copies To Appropriate District State of ]   | New Mexico                           | Form C-103   |
|--|--------------------------------------|--|
| Office Energy, Minerals  | and Natural Resources                | Revised March 25, 1999   |
| 1625 N. French Dr., Hobbs, NM 87240  |                                      | WELL API NO.   |
| District II<br>811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION  |                                      | 30-025-03034   |
|  |                                      | 5. Indicate Type of Lease  |
| 1000 Rio Brazos Rd., Aztec. NM 87410 2040 South Pacheco  |                                      | STATE <b>FEE</b>   |
| District IV<br>2040 South Pacheco, Santa Fe, NM 87505<br>Santa Fe, NM 87505  |                                      | 6. State Oil & Gas Lease No.   |
|  |                                      | o. State off de Gas Lease No.  |
| SUNDRY NOTICES AND REPORTS ON  | WELLS                                | 7. Lease Name or Unit Agreement  |
| (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  |                                      | Name:  |
| PROPOSALS.) 1. Type of Well:   |                                      | VACUUM $S \omega D$  |
|  |                                      | VACUUM J W/  |
| 2 Name of Operator   |                                      |  |
| RICE OPERATING COMPANY   | 7                                    | 8. Well No.  |
| 3 Address of Operator  |                                      | 9. Pool name or Wildcat  |
| 122 W. TAYLOR, HOBBS NM 88240 C. LO SAN ANDRES   |                                      |  |
| 4. Well Location   |                                      |  |
| Unit Letter F:1986feet from the  | NODTH Encoded 100                    |  |
|  | $_{\rm NOK1H}$ inte and $_{\rm I98}$ | 2feet from theWESTline   |
| Section 35 Township  | 17S Range 35E                        | NMPM LEA County  |
| 10. Elevation (Show wh<br>3907' GL; 3920' KB   | nether DR, RKB, RT, GR, etc.         |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                                      |  |
| NOTICE OF INTENTION TO:  |                                      |  |
|  |                                      | EQUENT REPORT OF:  |
|  |                                      |  |
| TEMPORARILY ABANDON 🔲 CHANGE PLANS   | COMMENCE DRIL                        |  |
| PULL OR ALTER CASING DULTIPLE  |                                      |  |
| COMPLETION   |                                      |  |
| OTHER:   |                                      |  |
|  |                                      |  |
| 10. 0  |                                      |  |
| 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   |                                      |  |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  |                                      |  |
|  |                                      |  |
| 1. Rig up on Well. POOH w/tbg.   |                                      |  |
| 2. GIH w/CIBP. Set CIBP at 4800'.  |                                      |  |
| 3. Circulate oil blanket fluid out of casing.<br>4. Fill Coging with marker fluid. The second s |                                      |  |
| <ol> <li>Fill Casing with packer fluid. Test casing to 540# for MIT (not witnessed by NMOCD).</li> <li>Shut well in and disconnect disposal line to Temporary Abandon well.</li> </ol>   |                                      |  |
|  |                                      |  |
| Wellbore schematic attached.   |                                      |  |
| Wellbore schematic attached.   |                                      |  |
|  |                                      | en ande Beurannen er Beinderen er en er en en de Bennen anderen er |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                                      |  |
| SIGNATURE ( ) //   |                                      |  |
| SIGNATURE <u>Carolyn Prantstugue</u> TITLE OPERATIONS ENGINEER DATE <u>7-15-00</u>   |                                      |  |
| Type of print name CAROLYN DORAN HAYNES Telephone No. 505 202 0174   |                                      |  |
| (This space for State use) Telephone No. 505-393-9174  |                                      |  |
| APPPROVED BY TT  |                                      |  |
| Conditions of approval if any:   | TLE                                  | DATE   |

Conditions of approval, if any:

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