

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

WELL API NO. 30-025-31033
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 55695
7. Lease Name or Unit Agreement Name Midway 5
8. Well No. 1
9. Pool name or Wildcat Shipp Strawn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3720'

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 <input type="checkbox"/>	2. Name of Operator Northport Production Company
3. Address of Operator 2601 NW Expressway, #902-E, Okla. City, OK 73112	4. Well Location Unit Letter O : 1980 Feet From The East Line and 660 Feet From The South Line Section 5 Township 17 South Range 37 East NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3720'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
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.	

Rig-up, swab and check casing for leaks.  
Estimated start date 9/21/99

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

SIGNATURE Tony Viele TITLE President DATE 9/23/99  
(405)  
TYPE OR PRINT NAME Tony Viele TELEPHONE NO. 848-1212

(This space for State Use)

APPROVED BY FIELD OFFICER II TITLE FIELD OFFICER II DATE 9/23/99  
CONDITIONS OF APPROVAL, IF ANY: