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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-32254

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
SUMMERS
PROPERTY ID NUM 13306

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: RAND OIL AND GAS INC.
OGRID NUMBER 25815

8. Well No. 001

3. Address of Operator: 4006 BELTLINE ROAD, SUITE 290, DALLAS, TX 75224

9. Pool name or Wildcat
SOUTH KNOWLES DEVONIAN

4. Well Location
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 18 Township 17 SOUTH Range 39 EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3659.7 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: TA pending SWD approval	☒		

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.

Temporary abandoned pending SWD approval as follows:

1. 30 sxs cmnt class C set at 12216'

2. 40 sxs cmnt Class H plug set at 10305'

We have this form. This well is only shut-In. No Preasure test ruen for a TA Status. Either PA or sell well.

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

SIGNATURE J Mullox TITLE Agent DATE 8/10/99

TYPE OR PRINT NAME J. W. Mullox TELEPHONE NO. 915/687-0323

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: