

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.

30-025-32747

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
19253

7. Lease Name or Unit Agreement Name:

Chukar State

8. Well No.

1

9. Pool name or Wildcat  
Pearl; Queen

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

2. Name of Operator

Amtex Energy, Inc.

3. Address of Operator

P. O. Box 3418, Midland, Texas 79702

4. Well Location

Unit Letter 0 : 330 feet from the South line and 2310 feet from the East line

Section 16 Township 19S Range 34E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3,767' GL

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

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

ABANDONMENT ☐

OTHER: ☐

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 recompilation.

1. MIRU Wireline Truck

2. RIH and set CIBP @ 4,490'±

3. RD Wireline x RJ Kill Truck

4. Load Casing with water and pressure up to 500 psi. x  
record on a chart recorder for 30 minutes

5. RDMO x well is T & A'd

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

SIGNATURE

*William J. Savage*

TITLE

President

DATE

*10/26/01*

Type or print name William J. Savage

Telephone No 915/686-0847

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: