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. 30-025-26803

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. 19979

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: ROUNTREE

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

8. Well No. 1

2. Name of Operator: WESTERN OIL PRODUCERS

9. Pool name or Wildcat: WILDCAT (SAN ANDRES)

3. Address of Operator: P.O. BOX 2055, ROSWELL, N.M. 88202

4. Well Location
Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 6 Township 20 Range 36 NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3622.2 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:			☐

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.

IN THE PROCESS OF DECIDING WHAT TO DO WITH WELL. WILL EITHER PLUG WELL, TEMPORARILY ABANDON, OR PUT ON PUMP.

WILL NOTIFY OCD WITHIN 90 DAYS

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

SIGNATURE Gary W. Chappell TITLE VICE PRESIDENT DATE 4-11-00

TYPE OR PRINT NAME GARY W. CHAPPELL TELEPHONE NO. 505-623-5070

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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Received
Hobbs
OCD