

Submit 3 Copies

To Appropriate

District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Form C-103

Revised 1-1-89

WELL API NO.

30-025-34511

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement

Name:
FCR 20 State

8. Well No.

3

9. Pool name or Wildcat

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

Falcon Creek Resources, Inc.

3. Address of Operator

621 17th St., Suite 1800
Denver, CO 80293-0621

4. Well Location

Unit letter G : 1930 feet from the North line and 1980 feet from the East line
Section 20, Township 20S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3617' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER: Surface Casing, Prod Casing, ☒

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.

10-12-98 Spud

10-13-98 Set **8-5/8"** J55 **24#** Csg at **323'**, and cement w/ **200** sx "C w/ 2%CaCl₂, and 1/4#/sx celloflake, Circulate 21 sx to surface.

10-18-98 Set **5-1/2"** J-55 **15:50#** Csg @ **4200'**, cement w/ **600** sx "C" w/ 5% salt, and 1/4#/sx celloflake, tailed w/ **300**-sx "C" w/ 0.05% FL-25, 0.02% CD-32 and 0.01% SM, circulate 17 sx cement to surface.

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

SIGNATURE Oscar L. Peters TITLE Manager of Operations DATE October 20, 1998

Type of print name Oscar L. Peters Telephone No. (303) 675-0007

(This space for State use)

APPROVED

BY William Williams TITLE Supervisor DATE 10/20/98

Conditions of approval, if any:

5/c