

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

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-34457
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. 23402
7. Lease Name or Unit Agreement Name: Kyte
8. Well No. 9
9. Pool name or Wildcat ABO - BLINEBRY

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 17 th St., Suite 1800 Denver, CO 80293-0621	
4. Well Location Unit letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>23</u> , Township <u>20S</u> Range <u>38E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc. 3567' 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: Isolated Abo Perfs

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.

5-10-2000

1. Pull RBP

2. Commingled Abo and Blinebry

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

SIGNATURE Gerald Lucero TITLE Manager of Operations DATE September 27, 2000

Type of print name Gerald Lucero Telephone No. (303) 675-0007

(This space for State use)

APPROVED

BY _____ TITLE _____ DATE _____

Conditions of approval, if any: