

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 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30.025.21035
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Sunshine State
8. Well No. 2
9. Pool name or Wildcat Penrose Skelly Grayburg

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Mirage Energy Inc.	
3. Address of Operator P.O. Box 794, Eunice, NM 88231	
4. Well Location Unit Letter <u>Eunice</u> <u>990</u> Feet From The <u>N</u> Line and <u>884</u> Feet From The <u>W</u> Line Section <u>19</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. 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: Add Perfs & Acidize ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

TD: 3903' PBD: 3903' PERFS: 3734-3882'

MIRUPU. NDWH. NUBOP.

Add 20 new perforations to current interval.

Pump scale inhibitor and set

Acidize perforations w/15% NEFE acid

Return to production

FILED  
HOBBS  
OCC

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

SIGNATURE Larry D. Henson TITLE Owner DATE 03.13.03

TYPE OR PRINT NAME Larry D. Henson TELEPHONE NO. 505.394.2602

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 19 2003

CONDITIONS OF APPROVAL, IF ANY: