| Office       Energy, Minerals and Natural Resources       Revised March 25, 1999         District I       011 CONSERVATION DIVISION       30.025.24863   | Submit 3 Copies To Appropriate District                                 | State of New M               | exico                     | Form C-103                              |
|--|---|------------------------------|---------------------------|---|
| Well LAPI NO.       30.025.24333         Well LAPI NO.       30.025.24333         130 W. Goad Are, Arsis, NM 83210       OIL CONSERVATION DIVISION         130 W. Goad Are, Arsis, NM 83210       DILCONSERVATION DIVISION         130 W. Goad Are, Arsis, NM 83210       DILCONSERVATION DIVISION         130 W. Goad Are, Arsis, NM 83210       DILCONSERVATION DIVISION         130 W. Goad Are, Arsis, NM 83210       DILCONSERVATION DIVISION         120 Staffing Area       Scince NM 8740         120 Well Staffing Control Description Control Conter Control Control Control Control Control   | Office  |                              |                           |   |
| 101 W. Gond Ave. Artesi, M. M8810       0112 CONDUCT STATUS (Francis Dr. Santa Fe, NM 87505       5. Indicate Type of Lease Status Fe, NM 87505         102 W. Gond Ave. Artesi, M. M8210       1220 South St. Francis Dr. Santa Fe, NM 87505       5. Indicate Type of Lease Status Fe, NM 87505         102 W. Gond Ave. Annesi, M. M8210       Santa Fe, NM 87505       5. Indicate Type of Lease Status Fe, NM 87505         102 W. Gond Ave. Annesi, M. M8210       Support Processing Status Fe, NM 87505       5. Indicate Type of Lease Status Fe, NM 87505         103 W. Gond Ave. Annesi, M. M8210       Support Fease Status Fease NM 87505       5. Indicate Type of Lease Status Fease NM 87505         103 W. Gond Ave. Annesi, M. M8210       Other       7. Lease Name of Unit Agreement Name: Status Fease NM 87505         11 Type of Well:       Other       8. Well No.       7. Lease Name of Wildeat Fease Status  | 1625 N. French Dr., Hobbs, NM 88240                                     |                              |                           | ELL API NO.                             |
| Date: III       1220 South St. Francis Dr.<br>Santa Fe, NM 87505       ISTATE B       ISTATE B         Date: IV       Santa Fe, NM 87505       ISTATE B       ISTATE B       ISTATE B         Store Provide Dr. Sama Fe, NM       South St. Francis Dr.<br>Store Provide Dr. Sama Fe, NM       ISTATE B       ISTATE B       ISTATE B         Store Provide Dr. Sama Fe, NM       Store Provide Dr. Sama Fe, NM       Store Provide Dr. Sama Fe, NM       ISTATE B       ISTATE  | 1301 W. Grand Ave., Artesia, NM 88210                                   |                              | 1                         |   |
| Demonstructure       Santa Fe, NM 87505       6. State Oil & Gas Lees No.         2703 S. France DE, Soma Fe, NM       SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name:         2703 S. France DE, Soma Fe, NM       SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name:         2704 DEFENSION LISE THIS FORM FOR PROPAGALS TO DURLL OR TO DEEPEN OR FLUG BACK TO A       7. Lease Name or Unit Agreement Name:         2704 DEFENSION LISE THIS FORM FOR PROPAGALS TO DURLL OR TO DEEPEN OR FLUG BACK TO A       7. Lease Name or Unit Agreement Name:         2705 S. France DE, Soma Fe, NM       State PORT OF REPORTS ON WELLS       7. Lease Name or Unit Agreement Name:         2704 DEFENSION COLL       GAR WELL       State PORT OF REPORTS ON WELLS       7. Lease Name or Unit Agreement Name:         2704 DEFENSION COLL       10. DEFENSION COLL       8. Well No.       1         3. Address of Operator P. O. BOX 59 70, HoeBs, NM 88241       8. Well No.       1         4. Well Location       Well Control       8. Well No.       1         10. Elevation GROW whether DR, RKB, RT, GR. etc.)       11. Check Appropriate Dax to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:       PULL GAND ABANDON       COMMENCE DRILLING OPNS       PULG AND ABANDON         PULL OR ALTER CASING       MULTIPLE       CASING TEST AND       COMMENT GO   | District III  | 1220 South St. Fra           | ancis Dr.                 |   |
| 2020 S S Proces De, Sama Fe, NM       E - 395         2030 SUNDRY NOTICES AND REPORTS ON WELLS       E - 395         2030 ON OT USE THE PORN FOR PROPOSALS TO BELLY NOT TO DEEPEN ON USE AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name:         00 NOT USE THE PORN FOR PROPOSALS TO BELLY NOT TO DEEPEN ON USE AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name:         01 Well D       Gas Well □ Other       8. Well No. 1         2. Name of Operator       P. O: Box 59 70, Hobbs, NM 38241       9. Pool name or Wildst         3. Address of Operator       P. O: Box 59 70, Hobbs, NM 38241       9. Pool name or Wildst         4. Well Location       Unit Letter       N 23/0 feet from the       W line and       792 feet from the       S line         Section 13       Township 21 S Range       355       NMPM       County LeA         10. Elevation (Show whether DR. R.B. R.T. GR. etc.)       11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       S UBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       P LUG AND       REMEDIAL WORK       MAILTIPLE       County LeA         0THER:       DUL OR ALTER CASING       MULTIPLE       CASING FEST AND       CEMENT JOB         0THER:       Dopposed or completed operations.       Clearly state all pertinent deals, and give pertinent dates, including estimated date or stating any propos   |   | Santa Fe, NM 8               | 37505                     |   |
| SIND       SINDEY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name:         OPFORUME TRESERVOR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH       7. Lease Name or Unit Agreement Name:         OPFORMALS.       Stafe       WEE A         OIL WELLS       Gas Well       Other         Name of Operator       8. Well No.       1         Proposals.       Memory O. Box 59 70, Hobass, NM 88241       9. Pool name or Wildest E among t Wildest E among t Wildest Camong t Wildest Camong t Wildest         Well Location       Well Location       10. Elevation (Show whether DR. RAB, RT. OR. etc.)         10. Elevation (Show whether DR. RAB, RT. OR. etc.)       10. Elevation (Show whether DR. RAB, RT. OR. etc.)         11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         PULL OR ALTER CASING       MUTTPLE       CASING TEST AND       BANDONMENT         COMMENCE ORILLING OPNS (Clearly state all pertinent details, and give pertinent date, including estimated date or starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed or organization or recompliation.       Clearly state all pertinent details, and give pertinent date, including estimated date or starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed or proposed or proprigites to the best of  | 1220 S. St. Francis Dr., Santa Fe, NM                                   |                              | 0.                        |   |
| DO NOT USE THIS FORM FOOR PROPOSALS TO DEFENS TO RELUG BACK TO A<br>DIFFERENT RESPONDE. USE "APPLICATION FOR PERMIT (PORM C-101) FOR SUCH<br>REPORALS)       State WEE A         1. Type of Well:<br>Old Well Z Gas Well Other       Other       S. Well No. 1         2. Name of Operator<br>Methods of Operator<br>Address of Operator P. O. BOX 5970, HOBBS, NM 88241       9. Pool name or Wildest<br><i>Eurnont Yakes TRivers</i> Queet         4. Well Location       10. Elevation (Show whether DR, RKB, RT, GR, etc.)       Inc. Elevation (Show whether DR, RKB, RT, GR, etc.)         10. Elevation (Show whether DR, RKB, RT, GR, etc.)       10. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br>NOTICE OF INTENTION TO:<br>SUBSEQUENT REPORT OF:<br>PERFORM REMEDIAL WORK PLUG AND ABANDON       REMEDIAL WORK         PULL OR ALTER CASING       COMMENCE DRILLING OPNS       PLUE AND<br>ABANDONMENT         PULL OR ALTER CASING       COMMENCE DRILLING OPNS       PLUE AND<br>ABANDONMENT         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of<br>starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or<br>recompliation.       OTHER:  |   | S AND REPORTS ON WELL        | S 7.                      | Lease Name or Unit Agreement Name:      |
| 1. Type of Well       Gas Well       Other       8. Well No. 1         2. Name of Operator       FERNEC OIL CORPORATION       8. Well No. 1         3. Address of Operator P. O. BOX 5970, HUBBS, NM 88241       9. Pool name or Wildeat       Europh' Galest TRivers Queen         4. Well Location       Unit Letter N       : 23/0 feet from the       Will ne and       750 feet from the       Since         4. Well Location       Io. Elevation (Show whether DR. RKB, RT, GR, etc.)       10. Elevation (Show whether DR. RKB, RT, GR, etc.)       11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE       COMPLETION       COMMENCE DRILLING OPNS.       PLUG AND         2. 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 recompliation.       Clearly state all pertinent details, and give pertinent dates, including estimated date of state any proposed work). SEE RULE 103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompliation.       Clearly state and complete to the best of my knowledge and belief.         3. OL Rigged up welk servicing rig. Pulled rods, pum  | DO NOT USE THIS FORM FOR PROPOSAL<br>DIFFERENT RESERVOIR. USE "APPLICAT | S TO DRILL OR TO DEEPEN OR P | LUG BACK TO A<br>FOR SUCH |   |
| 2. Name of Operator       8. Well No.         3. Address of Operator       9. Pool name or Wildcat         4. Well Location       9. Pool name or Wildcat         1. Unit Letter       N.: 23/0 feet from the       Wile and         9. Pool name or Wildcat       9. Pool name or Wildcat         1. Unit Letter       N:: 23/0 feet from the       Wile and         9. Pool name or Wildcat       9. Pool name or Wildcat         1. Unit Letter       N:: 23/0 feet from the       Wile and         9. Pool name or Wildcat       Sumon f. 4afed 1 Rivers Queen         10. Elevation (Show whether DR. RKB, RT, GR, etc.)       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       PLUG AND ABANDON         PULL OR ALTER CASING       MULTIPLE         COMPLETION       Completed Operations. (Clearly state all pertinent details, and give pertinent datase, including estimated date or starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         CLE NI Riggod up well servicing rig. Pulked rods, pump I tubeled not recompilation.       Not Set Nice And Abando Aband   | 1. Type of Well:  | her                          |                           | State WEE A                             |
| Address of Operator P. O. Box 5970, Hobas, NM 88241       9. Pool name of Wildeat<br>Europati Yates Thivers Queen         4. Well Location       9. Pool name of Wildeat<br>Europati Yates Thivers Queen         4. Well Location       9. Pool name of Wildeat<br>Europat Yates Thivers Queen         4. Well Location       9. Pool name of Wildeat<br>Europat Yates Thivers Queen         4. Well Location       10. Elevation (Show whether DR, RKB, RT, GR. etc.)         11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br>NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:<br>SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE<br>COMPLETION       COMMENCE DRILLING OPNS.       PLUG AND<br>ABANDONMENT         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of<br>starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or<br>recompliation.         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of<br>starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or<br>recompliation.         28.61       Replaced 44 gb of 2 <sup>3</sup> / <sub>2</sub> <sup>3</sup> / <sub>2</sub> <sup>3</sup> / <sub>2</sub> tubing (on bother ) \$ pump Jump Jumb Multiple<br>hereby certify that the information above is true and complete to the best of my knowledge and bellef.         IGNATURE       <   |   |                              | 8                         | Well No. /                              |
| 4. Well Location         Unit Letter       N::23/0       feet from the       W       line and       750 feet from the       S       line         Section       13       Township 21 S       Range       355       NMPM       County       LEA         10. Elevation (Show whether DR, RKB, RT, GR, etc.)       10. Elevation (Show whether DR, RKB, RT, GR, etc.)       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         PERFORM REMEDIAL WORK       PLUG AND BANDON       REMEDIAL WORK       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE       COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT         CASING TEST AND       COMPLETION       CASING TEST AND       BANDONMENT         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date or starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompliation.       CASING TEST AND         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date or recompliation.       SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompliation.         2. Describe proposed or purplex well servicing rig.       Pulled rule of 2% for fubing (an bothan) & pump. Jushalled heuw motes2 on pump ja  | PENROC OIL  |                              |                           | 1                                       |
| Unit Letter       N $:23/0$ feet from the       W       line and $990$ feet from the       S       line         Section       13       Township 21 S       Range $355$ NMPM       County       L64         10.       Elevation (Show whether DR, RE, RT, GR, etc.)       Interval       SUBSEQUENT REPORT OF:       SUBSEQUENT REPORT OF:         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:       SUBSEQUENT REPORT OF:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       Altering CASING       Altering CASING         PULL OR ALTER CASING       MULTIPLE       COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT       ABANDONMENT         PULL OR ALTER CASING       MULTIPLE       COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT       ABANDONMENT         PULL OR ALTER CASING       MULTIPLE       COMPLETION       Completions: Attach wellbore diagram of proposed completion or recompilation.       Completions: Attach wellbore diagram of proposed completion or recompilation.         20.01       Rigged up well servicing n.g.       Pulled rods, pump 4 fubins.       Starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         20.01       Rigged up well servicing n.g.       Pulled rods, pump . Jouthelled helled.  |   | 5970, HOBBS, NM              | 188241 9.                 | Eumont Yates Rivers Quees               |
| Section       13       Township 21 S       Range       35E       NMFM       County       LeA         10.       Elevation (Show whether DR, RKB, RT, GR, etc.)       10.       Elevation (Show whether DR, RKB, RT, GR, etc.)         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       Maintenance       ALTERING CASING         PULL OR ALTER CASING       CHANGE PLANS       COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT       ABANDONMENT         PULL OR ALTER CASING       MULTIPLE       COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT JOB       ABANDONMENT         OTHER:       OTHER:       OTHER:       OTHER:       ABANDONMENT JOB         2.       Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.       PLOA MAGE PLOA MA   |   |                              |                           |   |
| 10. Elevation (Show whether DR, 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 □         REMEDIAL WORK □         PULL OR ALTER CASING □         COMMENCE DRILLING OPNS.□         PULL OR ALTER CASING □         COMPLETION         COMPLETION         CD THER:         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date ogeneration.         Starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         Starting any proposed work). SEE RULE 103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         Starting any proposed work). SEE RULE 102. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         Starting and proposed work). SEE RULE 102. For Multiple Completions: Attach wellbore din   | Unit Letter N : 23  | 3/0 feet from the            | ✓ line and                | $\frac{990}{\text{feet from the}}$ line |
| 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 CHANGE PLUG AND ABANDON CHANGE PLANS       REMEDIAL WORK MALTERING CASING CASING COMMENCE DRILLING OPNS.       PLUG AND ABANDON CHANGE PLANS       PLUG AND ABANDON COMMENCE DRILLING OPNS.       PLUG AND ABANDON CHANGE PLANS         PULL OR ALTER CASING       MULTIPLE COMPLETION       COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT         OTHER:       OTHER:       OTHER:       CASING TEST AND CEMENT JOB         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         26.01 Rigged up welk servicing rig. fulled rods, pump 4 fubing.         83.61 Replaced 4 db of z <sup>3</sup> /8° fubing (on bothou) \$ pump. Jumhlled new modes_ on pump jack. Returned well to product from new modes_ on pump jack. Returned well to product from the modes_ on pump jack. Returned well to product from the modes_ on pump jack. Returned well to product from the modes_ of state use         Ype or print name M.Y. (Merch) Merchan t       TITLE Au. Cla. H       DATE 11/12/01         Yperproved BY       TITLE       DATE       ZWI  | 546444  |                              |                           | IMPM County LEA                         |
| 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 □       ABANDON □         PULL OR ALTER CASING □       MULTIPLE<br>COMPLETION □       CASING TEST AND □       ABANDONMENT □         PULL OR ALTER CASING □       MULTIPLE<br>COMPLETION □       CASING TEST AND □       ABANDONMENT □         2. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed or ompleted operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed or ompleted operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed or ompleted operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed or ompleted operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed or omplete state is and give pertinent dates, including estimated date or starting any proposed or ompleted operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date or starting any proposed or omplete is true and complete is the best of my knowledge and belief.         IGNATURE       LBC_H_HOM_C_H       TITLE       Ande_H       DATE       II/12/0 / I  |   | U. Elevation (Show whether L | DR, RKB, RT, GR, etc.)    |   |
| 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 ABANDON         PULL OR ALTER CASING       MULTIPLE<br>COMPLETION       CASING TEST AND       ABANDONMENT         PULL OR ALTER CASING       MULTIPLE<br>COMPLETION       CASING TEST AND       ABANDONMENT         OTHER:       OTHER:       CASING TEST AND       ABANDONMENT         2. 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.         2. Describe proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         2. Describe roposed work). SEE RULE 1003. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.         2. OLO I Rigged up well servicing ng. Pulled rods, pump & fulbing.         2. Besci Replaced up the of 2% tubing (an bothow) & pump Installed hew motes' on pump jack. Returned well to produce from.         hereby certify that the information above is true and complete to the best of my knowledge and belief.         IGNATURE       LBC-U-U-U-TITLE         ype or print name       M. Y. (Merch.) Merchant   | 11. Check Apr   | propriate Box to Indicate 1  | Nature of Notice, Rep     | port or Other Data                      |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING<br>TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT COMPLETION COMPLETION CHANGE PRILLING OPNS. PLUG AND ABANDONMENT COMPLETION COMPLETE COMPLETE COMPLETION COMPLETE COMPLE   |   | -                            |                           |   |
| PULL OR ALTER CASING       MULTIPLE<br>COMPLETION       CASING TEST AND<br>CEMENT JOB       ABANDONMENT         DTHER:       OTHER:       OTHER:       Image: Completed operations. (Clearly state all pertinent datals, and give pertinent dates, including estimated date of<br>starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or<br>recompilation.         6.01       Rigged up well servicing rig.       Pulled ruds, pump & tubing.         8.61       Replaced up of 2 <sup>3</sup> /8° tubing (on bothous) & pump Imakelled<br>new modes on pump jack. Retruined well to produce them.         hereby certify that the information above is true and complete to the best of my knowledge and belief.       Image: Complete to the best of my knowledge and belief.         IGNATURE       LbcLAL.AfmcL_I       ITTLE       Amage: Case of them.         Ype or print name       M.Y. (Merch) Merchant       TITLE       DATE         PPPROVED BY       TITLE       DATE       DATE         PPPROVED BY       TITLE       DATE       DATE   |   |                              |                           |   |
| DULL OR ALTER CASING       MULTIPLE<br>COMPLETION       CASING TEST AND<br>CEMENT JOB         DTHER:       OTHER:       Image: Completion of completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any 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 recompliation.         6.01       Rigged up well servicing rig.       Pulled rods, pump & tubing.         8.61       Replaceol 4 ft of $z^3/8^{\circ}$ tubing (on bottom) & pump. Installed new motors on pump jack. Returned well to produce thom.         hereby certify that the information above is true and complete to the best of my knowledge and belief.       Image: Pump date for the produce the p  |   | HANGE PLANS                  | COMMENCE DRILLIN          |   |
| <ul> <li>1. 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.</li> <li>2. Of Rigged up well servicing ng. Pulled rods, pump &amp; fulbing.</li> <li>8. 61 Replaced 4 for g 2<sup>3</sup>/8° fulbing (an bottom) &amp; pump. Installed new motors on pump jack. Returned well to produce them.</li> <li>hereby certify that the information above is true and complete to the best of my knowledge and belief.</li> <li>IGNATURE <u>Mod. Afroc. 1</u> TITLE <u>Ac. de. F</u> DATE <u>11/12/01</u></li> <li>ype or print name <u>M.Y. (Merch) Merchan t</u> TITLE <u>DATE</u> <u>11/12/01</u></li> <li>PPPROVED BY <u>TITLE Arrise of State use</u></li> </ul>   |   |                              |                           |   |
| starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or<br>recompilation.<br>6.01 Rigged up well servicing ng. Pulled rods, pump & tubing.<br>8.61 Replaced 4 th of $z^3/8$ " tubing (an bottom) & pump. Installed<br>new motor on pump jack. Returned well to production.<br>hereby certify that the information above is true and complete to the best of my knowledge and belief.<br>IGNATURE <u>USC</u> <u>Merch Merchant</u> <u>TITLE</u> <u>An: da F</u> <u>DATE</u> <u>Ult201</u><br>ype or print name <u>M. Y. (Merch ) Merchant</u> <u>TITLE</u> <u>DATE</u> <u>DATE</u> <u>Ult1</u> <u>2</u><br>PPPROVED BY <u>TITLE</u> <u>TITLE</u> <u>DATE</u> <u>DATE</u> <u>Ult1</u> <u>2</u><br>Merch DATE <u>Merch DATE</u>                                       |   |                              |                           |   |
| <ul> <li>6.01 Rigged up well servicing ng. Pulled rods, pump &amp; tubing.</li> <li>8.61 Replaced up of 2<sup>3</sup>/8" tubing (on bottom) &amp; pump. Installed new motor on pump jack. Returned well to production.</li> <li>hereby certify that the information above is true and complete to the best of my knowledge and belief.</li> <li>IGNATURE <u>UbC</u> <u>Uh</u>. <u>Afrac</u> <u>I</u> <u>TITLE</u> <u>Accide</u> <u>F</u> <u>DATE</u> <u>II/12/01</u></li> <li>ype or print name <u>M. Y. (Merch) Merchant</u> <u>TITLE</u> <u>DATE</u> <u>II/12/01</u></li> <li>PPPROVED BY <u>DATE</u> <u>IIII</u></li> </ul>   | starting any proposed work). SEE I recompilation.                       | RULE 1103. For Multiple Cor  | mpletions: Attach wellbo  | ore diagram of proposed completion or   |
| <ul> <li>18.61 Replaced 4 th of 2<sup>3</sup>/8" tubing (on bottom) &amp; pump Installed<br/>new motor on pump jack. Returned well to productor.</li> <li>hereby certify that the information above is true and complete to the best of my knowledge and belief.</li> <li>IGNATURE <u>Well Multiplies</u> 1 TITLE <u>Aurola F</u> DATE <u>11/12/01</u></li> <li>Ype or print name <u>M.Y. (Merch ) Merchant</u> TITLE <u>DATE</u> <u>11/12/01</u></li> <li>SpPPROVED BY</li></ul>  | L. al Rigged up w   | ell servicing ng             | Pulled rods               | , pump & tubing.                        |
| hereby certify that the information above is true and complete to the best of my knowledge and belief.<br>IGNATURE <u>Weath Africal</u> TITLE <u>Anidat</u> DATE <u>11/12/01</u><br>ype or print name <u>M. Y. (Merch) Merchant</u> Telephone No. (505) 397. 3.<br>This space for State use)<br><u>PPPROVED BY</u> <u>DATE</u><br>DATE <u>11/12/01</u><br>DATE <u>201</u><br>DATE  | 8.61 Realized 4 th  | of 2 1/2" tubing             | (on bottom) &             | pump. Installed                         |
| hereby certify that the information above is true and complete to the best of my knowledge and belief.<br>IGNATURE <u>Ibble W. Afunc I</u> TITLE <u>Auida F</u> DATE <u>II/12/01</u><br>ype or print name <u>M. Y. (Merch) Merchant</u> Telephone No. (505) 397. 3.<br>This space for State use)<br><u>APPPROVED BY</u> <u>TITLE</u> <u>DATE</u>   | - replaced - dr   |                              |                           | to production.                          |
| IGNATURE <u>Ible Africant</u> TITLE <u>Anide t</u> DATE <u>11/12/01</u><br>ype or print name <u>M. Y. (Merch) Merchant</u> Telephone No. (505) 397. 3.<br>This space for State use)<br><u>PPPROVED BY</u> <u>DATE</u> <u>11/12/01</u><br>DATE <u>11/12/01</u><br>DAT | new motor o   | n pump jack. Net             | rened wet                 |   |
| IGNATURE <u>Ible 4 Africant</u> TITLE <u>Auricle 1</u> DATE <u>II/12/01</u><br>ype or print name <u>M. Y. (Merch) Merchant</u> Telephone No. (505) 397. 3.<br>This space for State use)<br>PPPROVED BY   |   |                              |                           |   |
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| IGNATURE <u>Ible 4 Africant</u> TITLE <u>Auricle 1</u> DATE <u>II/12/01</u><br>ype or print name <u>M. Y. (Merch) Merchant</u> Telephone No. (505) 397. 3.<br>This space for State use)<br>PPPROVED BY   |   |                              |                           |   |
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