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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☐   Fee ☒

5. State Oil & Gas Lease No.

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.

OIL WELL ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

Summit Energy, Inc.

8. Farm or Lease Name

Amanda Sims

3. Address of Operator

112 North First, Artesia, New Mexico 88210

9. Well No.

1

4. Location of Well

UNIT LETTER __I__ . __1980__ FEET FROM THE __South__ LINE AND __660__ FEET FROM

THE __East__ LINE, SECTION __25__ TOWNSHIP __22__ RANGE __37__ N.M.P.M.

10. Field and Pool, or Wildcat

Drinkard

15. Elevation *(Show whether DF, RT, GR, etc.)*

3319

12. County

Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER _____

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

☐

17. 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.

Summit Energy, Inc., plans to acidize and sand fracture
the Lower Drinkard 6740-6970. Set casing Bridge Plug
at approximately 6600'. Perforate the Upper Drinkard
at approximately 6253-6520. Acidize and sand fracture
Upper Drinkard. Test Upper Drinkard. Retrieve Bridge
Plug and commingle Lower Drinkard and Upper Drinkard.

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

SIGNED __Paul B. White__   TITLE __Division Engineer__   DATE __5/23/75__

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: