

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-22617
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Estate of G. P. Sims		6. State Oil & Gas Lease No.
3. Address of Operator Box 1046, Eunice, NM 88231		7. Lease Name or Unit Agreement Name: Vivian Gulf
4. Well Location Unit Letter <u>D</u> : <u>720</u> feet from the <u>North</u> line and <u>810</u> feet from the <u>West</u> line Section <u>30</u> Township <u>22</u> Range <u>38E</u> NMPM County <u>Lea</u>		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3336 GR		9. Pool name or Wildcat Santa Rosa
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.		

A cast iron bridge plug will be set at 640' to test for T/A.

THE ABOVE WELL IS LOCATED 21
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE CHOK
TO BE APPROVED.

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

SIGNATURE Aline Sims TITLE Personal Representative DATE 10-29-01

Type or print name Aline Sims
(This space for State use)

Telephone No. (505) 394-3357

APPROVED BY _____ TITLE ORIGINAL SIGNED BY DATE NOV 05 2001
Conditions of approval, if any: GARY W. WINK
NATURAL SCIENCE MANAGER - 2