

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.
30-025-24399

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
SWD-046

7. Lease Name or Unit Agreement Name:

BD SWD SYSTEM

8. Well No.

C-2

9. Pool name or Wildcat

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 SWD Well

2. Name of Operator

RICE OPERATING COMPANY

3. Address of Operator

122 W. TAYLOR, HOBBS, NM 88240

4. Well Location

Unit Letter C : 660' feet from the NORTH line and 2305' feet from the WEST line

Section 2 Township 22S Range 37E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3358' GL

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST / 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

In order to perform an OCD requested MIT the following is proposed.

MIRU on well. Unseat PKR and POOH with (5 Jts) 5 1/2" IPC Tbg and lay down. Reset PKR at 4215' and RU pump truck. Fill annulus with packer fluid and pressure test to 300# with chart recorder in line. Give OCD at least 24 Hrs notice to witness MIT. Return well to service.

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

SIGNATURE Scott Curtis TITLE: OPERATIONS MANAGER DATE: 11/12-02

Type or print name Scott Curtis

Telephone No. 505-393-9174

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

