Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II OIL CONSERVATION DIVISION 30-025-34767 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE x FEE \square District IV 2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: Thistle Unit Oil Well Gas Well Other 2. Name of Operator 8. Well No. Santa Fe Snyder Corporation 3. Address of Operator 9. Pool name or Wildcat 550 W. Texas, Suite 1330, Midland, TX 79701 Johnson Ranch (Wolfcamo) 4. Well Location Unit Letter 660 feet from the line and 1560 feet from the East Section 34 Township Range County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3648' GL 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 ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: Spud & set Surface Csg \mathbf{x} 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. 2/21/00 Spud well @ 8 am. Drill 17 1/2" hole to a depth of 585'. RU csg crew & run 13 jts 13 3/8" 61# J-55 STC csg set @ 585'. Cement csg W/ 400 sx HLC + 200 sx Class 'C' +2% CaCl, circ 200 sx to surface. WOC. 2/22/00 Continue drilling 12 1/4" hole. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE ⊆ TITLE Regulatory Specialist __DATE____**2/23/00** Type or print name Bill Keathly Telephone No. 915-686-6698 ORIGINAL SIGNED BYTHLE (This space for State use) APPROVED BY Conditions of approval, if any: