Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe,   NM   87505

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-11930

5. Indicate Type of Lease   STATE ☐   FEE ☒

6. State Oil & Gas Lease No.
NMNM90800

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.)

7. Lease Name or Unit Agreement Name

G. D. Riggs "B"

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

8. Well No.

2. Name of Operator
CENTRAL RESOURCES, INC.

3. Address of Operator
550 West Texas, Suite 430, Midland, TX   79701

9. Pool name or Wildcat
LANGLIE MATTIX 7 RIVERS

4. Well Location

Unit Letter __H__ : __1650__ Feet From The __NORTH__ Line and __330__ Feet From The __EAST__ Line

Section __1__   Township __26S__   Range __37E__   NMPM   __LEA__   County

10. Elevation *(Show whether DF, 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 ☐

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: __Re-test casing integrity__ ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND 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.

1.) Will re-test CIBP previously set at 3425'; cap w/ 50' cement
2.) Will re-test CIBP previously set at 3170'; cap w/ 50' cement
3.) Test casing to 500 psi for 30 mins
4.) Notify Gary Wink w/ OCD at 505-393-6161, 48 hrs prior to commencement of work.

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

SIGNATURE _Tricia Barnes_   TITLE Engineering Tech.   DATE 6/5/97

TYPE OR PRINT NAME   Tricia Barnes   915-570-9013   TELEPHONE NO.

(This space for State Use)   ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT SUPERVISOR

JUN 18 1997

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: