

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.

30-025-24908

5. Indicate Type of Lease *Federal*
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
NORTH EL MAR UNIT

8. Well No. 58

9. Pool name or Wildcat
EL MAR; DELAWARE

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 INJECTION

2. Name of Operator
QUAY VALLEY, INC.

3. Address of Operator
P. O. BOX 10280 MIDLAND TX 79702-5026

4. Well Location

Unit Letter D - 770 feet from the NORTH line and 990 feet from the WEST line

Section 36 Township 26S Range 32E NMPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3099' GR

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: SEE BELOW ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: ☐

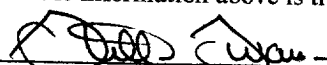
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

PROPOSED OPERATIONS:

1. RIG UP UNIT.
2. RESET CIBP IN WELL BORE.
3. RUN MECHANICAL INTEGRITY TEST ON CASING.

THIS WORK IS SCHEDULED TO BE DONE IMMEDIATELY.

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

SIGNATURE  TITLE PRESIDENT DATE 08/24/2001

Type or print name STELLA SWANSON, CPL

(This space for State use)

Telephone No. (915) 687-4220

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: