

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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
May 27, 2004

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

WELL API NO.	30-015-34347
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No.	49107
7. Lease Name or Unit Agreement Name	HORNED TOAD 36 STATE
8. Well Number	7
9. OGRID Number	001801
10. Pool name or Wildcat	NASH DRAW - DELAWARE/BONE SPING,
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3098' GL	
Pit or Below-grade Tank Application ☐ or Closure ☒	
Pit type <u>DRILLING</u> Depth to Groundwater <u>>100'</u> Distance from nearest fresh water well <u>>200'</u> Distance from nearest surface water <u>>1000'</u>	
Pit Liner Thickness: <u>12</u> mil Below-Grade Tank: Volume <u>7300</u> bbls; Construction Material <u>SYNTHETIC</u>	

12. 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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: PIT CLOSURE ☒

13. 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 recompletion.

PIT WAS CLOSED ON 2/15/06, PER PLAN APPROVED ON 03/03/06.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Cindi Goodman TITLE Production Clerk DATE 05/02/2006

Type or print name Cindi Goodman
For State Use Only

E-mail address: cdgoodman@basspet.com Telephone No. (432)683-2277

MAY 08 2006

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Accepted for record - NMOCD