

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. 30-015-34140
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE 16-13
8. Well Number 1
9. OGRID Number 25706
10. 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	RECEIVED
2. Name of Operator Clayton Williams Energy, Inc.	JUN 13 2006
3. Address of Operator Six Desta Drive, Suite 3000 Midland, TX 79705	ARTESIA

4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>west</u> line Section <u>16</u> Township <u>22S</u> Range <u>22E</u> NMPM <u>Eddy</u> County	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4364
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Completion - Commingled zones <input checked="" type="checkbox"/>

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.

5/15/06 MI RU completion rig; TIH, tag & drill out DV tool, pickle csg.; CHC; POOH w/tbg. SDFN
5/16-17 Run GR/CBL/CCL & log f/PBTD 9321'-7000'; pull up TOC @ 2480'; POOH w/logging tools & perforate 1 jspf f/8880'-8640' (40 holes); POOH RD WL; break down perfs, flow back, well died; SDFN
5/18-19 RU & RIH w/pkr, tbg. & set pkr @ 8542'; Swab well; RD swab, unset pkr, POOH LD tbg; ND BOP & NU frac valve SDFWE
5/30 Frac well w/90,510 gals Ambormax 1015 gel w/87,500# Ottawa sand, pump 1000 gals acid; SWI; RU WL & RIH w/4-1/2" composite plug & set @ 8610', test same; POOH & RIH w/3-1/8" perf guns & perf 1 jspf 8592'-8510', POOH, WL truck broke down. RU Key & frac w/98,784 gals. Ambormax 1015 gel w/113,000# 20/40 Ottawa Sand, flush, WO WL truck rprs.(did not shoot all perfs); SDFN
5/31 RIH w/3-1/8" guns & comp plug & guns shorted, POOH, RIH w/guns & plug @ set plug @ 8450', perf 8424'-8072'; RU & frac w/107,772 gals. Ambormax 1015 gel w/125,500 Ottawa sand; SWI; RIH w/3-1/8" guns & comp plug, set plug @ 8040', perf 2 jspf f/8026'-7850' (40 holes); frac w/72,282 gals. Ambormax 1015 gel w/108,840# Ottawa sand, flush; SION
6/1 RU & RIH w/3.60" concave mill drill out top plug, CHC & SD for repairs to top drive
6/3-4 RIH w/3.60 mill on 2" coiled tbg, drill out plugs, open to frac tanks & flow well
6/8 MIRU rig, RIH w/2-3/8" tbg (SN @ 7783'); ND BOP, NU WH; RU swab unit & make 4 runs, SION
6/9-11 Well flowing to test tanks
Reference Administrative DHC-3710

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 Betsy Luna TITLE Engineering Technician DATE 06/12/06
Betsy Luna

Type or print name E-mail address: Telephone No.
For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE JUN 16 2006
Conditions of Approval (if any):