

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  
 March 4, 2004

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



WELL API NO. <b>30-015-03835</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>WEST HENSHAW PREMIER UNIT</b>
8. Well Number <b>2</b>
9. OGRID Number <b>230757</b>
10. Pool name or Wildcat <b>30599 HENSHAW GRABBER</b>

**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

2. Name of Operator  
**OCD-ARTESIA**

3. Address of Operator  
**WOODSTRAND ENGINEERING INC.**

4. Well Location  
**3229 DANICO STREET #200 HOUSTON TX 77019**

Unit Letter **K** : **3329** feet from the **NORTH** line and **1980** feet from the **WEST** line

Section **3** Township **165** Range **30 E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)**

Pit Location: UL \_\_\_\_\_ Sect \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_ Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_

Distance from nearest surface water \_\_\_\_\_ Below-grade Tank Location UL \_\_\_\_\_ Sect \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_ ;

\_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

- 1- M.R.U. R.R. EQUIPT. EQUIPT. SET B.P. - AT 2720'
- 2- MUD UP HOLE 2720' - CAP BP 25 SAKS. ENT. TO C. CALCD 250'
- 3- P.V.H. TO 1800 SPOT 20 SAKS. ENT. TO C. 1650'
- 4- P.V.H. TO 1100 SPOT 20 SAKS. ENT. 950'
- 5- 423' TO SURFACE ~~IS MADE~~ SURF. ENT. DOES NOT FALL - 10 SAKS SURFACE

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 Randall Niderer DATE 3-29-08  
 Type or print name RANDALL NIDERER E-mail address: \_\_\_\_\_ Telephone No. 432580-0907

(This space for State use)

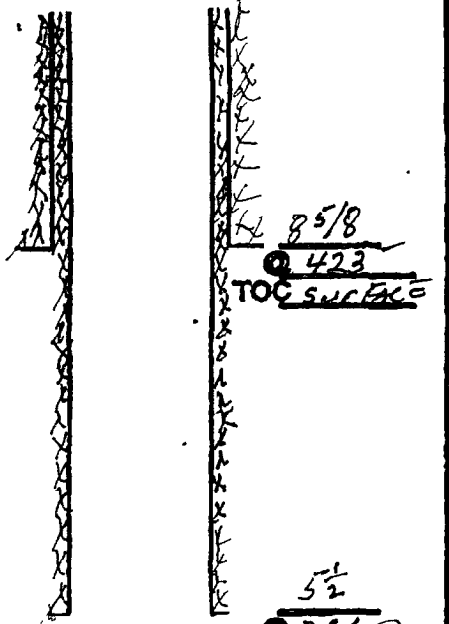
APPROVED BY AKH TITLE Comptroller DATE 3/5/08  
 Conditions of approval, if any: \_\_\_\_\_

# PLUGGING & ABANDONMENT WORKSHEET (2 STRING CSNG)

*BEFORE*

OPERATOR WORD STRAND  
LEASENAME W H F N S H A G P R E M I E

WELL # 1  
SECT \_\_\_\_\_ TWN \_\_\_\_\_ RNG \_\_\_\_\_  
FROM \_\_\_\_\_ N/S L \_\_\_\_\_ E/W L \_\_\_\_\_  
TD: \_\_\_\_\_ FORMATION @ TD \_\_\_\_\_  
PBTD: \_\_\_\_\_ FORMATION @ PBTD \_\_\_\_\_



	SIZE	SET @	TOC	TOC DETERMINED BY
SURFACE				
INTMED 1				
INTMED 2				
PROD				
	SIZE	TOP	BOT	TOC DETERMINED BY
LINER 1				
LINER 2				
	CUT & PULL @		TOP - BOTTOM	
INTMED 1			FIBER	-
INTMED 2			OVERHOLE	-
PROD				

### REQUIRED PLUGS DISTRICT 1

WELLER (OWNER)
TOXNE
GRABOLD
BAR ANDER
CAPLAN NEW
DE LAHAYE
BELL CANTON
CHERRY CANTON
ROBERT CANTON
ROBERTSON
OLSON
W. BERRY
TOBE
CHICKARD
ABO
WJ
FRAN
STRAINE
SEYDL
WERNOW
ANN
BEVORCH

PLUG	TYPE	SAVES	DEPTH
PLUG	PLUG	CHGT	
PLUG 01	CH	25 ECT	600'
PLUG 02	STC	20 ECT	5150'-5200'
PLUG 03	GRVLS		400'
PLUG 04	CIP	25 ECT	4800'
PLUG 05	STC	20 ECT	3000'-3700'
PLUG 06	SECTAR STC	200 ECT	100'
PLUG 07	FLY	10 ECT	0-10'
PLUG 08			
PLUG 09			
PLUG 10			
PLUG 11			
PLUG 12			
PLUG 13			
PLUG 14			
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TD \_\_\_\_\_

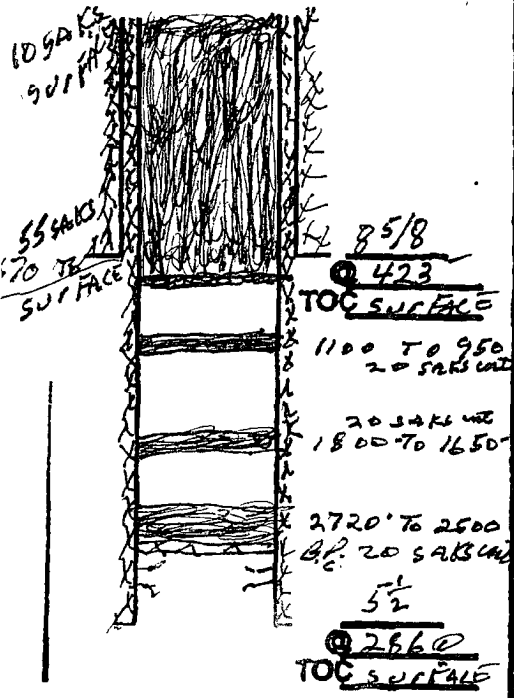
# PLUGGING & ABANDONMENT WORKSHEET

AFTER

(2 STRING CSNG)

OPERATOR WARD STRAND  
 LEASENAME WHE NSHAG PREMIER

SECT \_\_\_\_\_ TWN \_\_\_\_\_ RNG \_\_\_\_\_  
 FROM \_\_\_\_\_ N/S L \_\_\_\_\_ B/W L \_\_\_\_\_  
 TD: \_\_\_\_\_ FORMATION @ TD \_\_\_\_\_  
 PBTD: \_\_\_\_\_ FORMATION @ PBTD \_\_\_\_\_



	SIZE	SET @	TOC	TOC DETERMINED BY
SURFACE				
INTMED 1				
INTMED 2				
PROD				
	SIZE	TOP	BOT	TOC DETERMINED BY
LINER 1				
LINER 2				
CUT & PULL @			TOP - BOTTOM	
INTMED 1			FEEDS	-
INTMED 2			OFFSHOUL	-
PROD				

REQUIRED PLUGS LIST

WELL (SECTION)
DATE
WELL
GRAVITY
WELL NUMBER
CASING SIZE
WELL DEPTH
WELL TYPE
WELL STATUS
WELL LOCATION
WELL OWNER
WELL OPERATOR
WELL LEASE
WELL COUNTY
WELL STATE
WELL ZIP
WELL CITY
WELL STREET
WELL APO
WELL TO
WELL FROM
WELL STRAIGHT
WELL CURVE
WELL LENGTH
WELL DIA
WELL WEIGHT
WELL GRADE

FLOOR	TYPE	SALES	DEPTH
FLOOR	FLOOR	CSNG	
FLOOR 1	OH	25 SCS	600'
FLOOR 2	SRCE	30 SCS	5500-5700'
FLOOR 3	CRP 2 1/2"		400'
FLOOR 4	CRP	25 SCS	600'
FLOOR 5	STUB	30 SCS	5000-5700'
FLOOR 6	WELL STOP	300 SCS	400'
FLOOR 7	FLY	15 SCS	0-10'
FLOOR 8			
FLOOR 9			
FLOOR 10			
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