

Submit 1 Copy 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
October 13, 2009

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

WELL API NO. 30-015-24614
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 025527-A
7. Lease Name or Unit Agreement Name Berry A
8. Well Number 32Y
9. OGRID Number 261198
10. Pool name or Wildcat Red Lake; Qn-GB-SA

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

Doral Energy Corp.

3. Address of Operator

415 W. Wall Street, Suite 500, Midland, TX 79701

4. Well Location

Unit Letter **A** : **990** feet from the **North** line and **980** feet from the **East** line
Section **24** Township **17S** Range **27E** NMPM **Eddy** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,545'

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 ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Subsequent report per discussion with BLM personnel.

Repair tubing leaks
Change pump
Restore to production

Spud Date:

06/02/1983

Rig Release Date:

08/05/1983

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

SIGNATURE

Joanne Keating

TITLE **Regulatory Affairs Coordinator**

DATE **09/07/2010**

Type or print name **Joanne Keating**

E-mail address: **jkeating@alamoresources.com** PHONE: **432.897.0673**

For State Use Only

APPROVED BY:

Accepted for record

TITLE

DATE

9-9-10

Conditions of Approval (if any):

NMOCD

DD

CAH