

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DEC 26 2012
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Form C-103
Revised August 1, 2011

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.)		WELL API NO. 30-02511279
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injection		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed
2. Name of Operator McDonnold Operating, Inc.		6. State Oil & Gas Lease No. 010018
3. Address of Operator 505 N. Big Spring, Suite 204, Midland, TX 79701		7. Lease Name or Unit Agreement Name Jack A 29
4. Well Location Unit Letter O : 990 feet from the S line and 1650 feet from the E line Section 29 Township 24S Range 37E NMPM Lea County NM		8. Well Number 4
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 14372
		10. Pool name or Wildcat

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 type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. RU SQZ-Tec. Pmp 10 gals SQZ Compound dn CSG. Press csg to 500 psi. Left press on csg for 36 hrs.
 2. Call OCD & retest to 420psi. Mark Whitaker w/ OCD witnessed test.
- Will need to retest in 12 months.

Spud Date:

Rig Release Date:

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

SIGNATURE Craig M. McDonnold TITLE President DATE 12-11-12
Type or print name Craig M. McDonnold E-mail address: _____ PHONE: 432-682-3499
For State Use Only
APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 12-27-2012
Conditions of Approval (if any): _____

JAN 08 2013 *chm*

HOBBS OCD

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