

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
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-005-10326 10532
5. Indicate Type of Lease STATE ☐ FEE ☐ <u>FED</u>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CSAU
8. Well Number 77
9. OGRID Number
10. Pool name or Wildcat CSAU

SUNDRY NOTICES AND REPORTS ON WELLS NOV 06 2014
(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 ☐ RECEIVED

2. Name of Operator
Cano Petroleum of New Mexico

3. Address of Operator
823 S. Detroit Tulsa, OK 74120

4. Well Location
Unit Letter A 660 feet from the N line and 660 feet from the E line
Section 15 Township 8S Range 30E NMPM ☒ County CANON

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: <u>MIT</u> ☒	

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.

Pressure up to #420 for 32 minutes
Starting Pressure #420 Ending Pressure #420

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

Robert McKenzie

TITLE

SR. Field Operations mgr.

DATE

9/13/14

Type or print name

Robert McKenzie

E-mail address:

robert.mckenzie@nmt.com

PHONE:

432-425-3000

For State Use Only

APPROVED BY:

Bill Lannaman

TITLE

Staff Manager

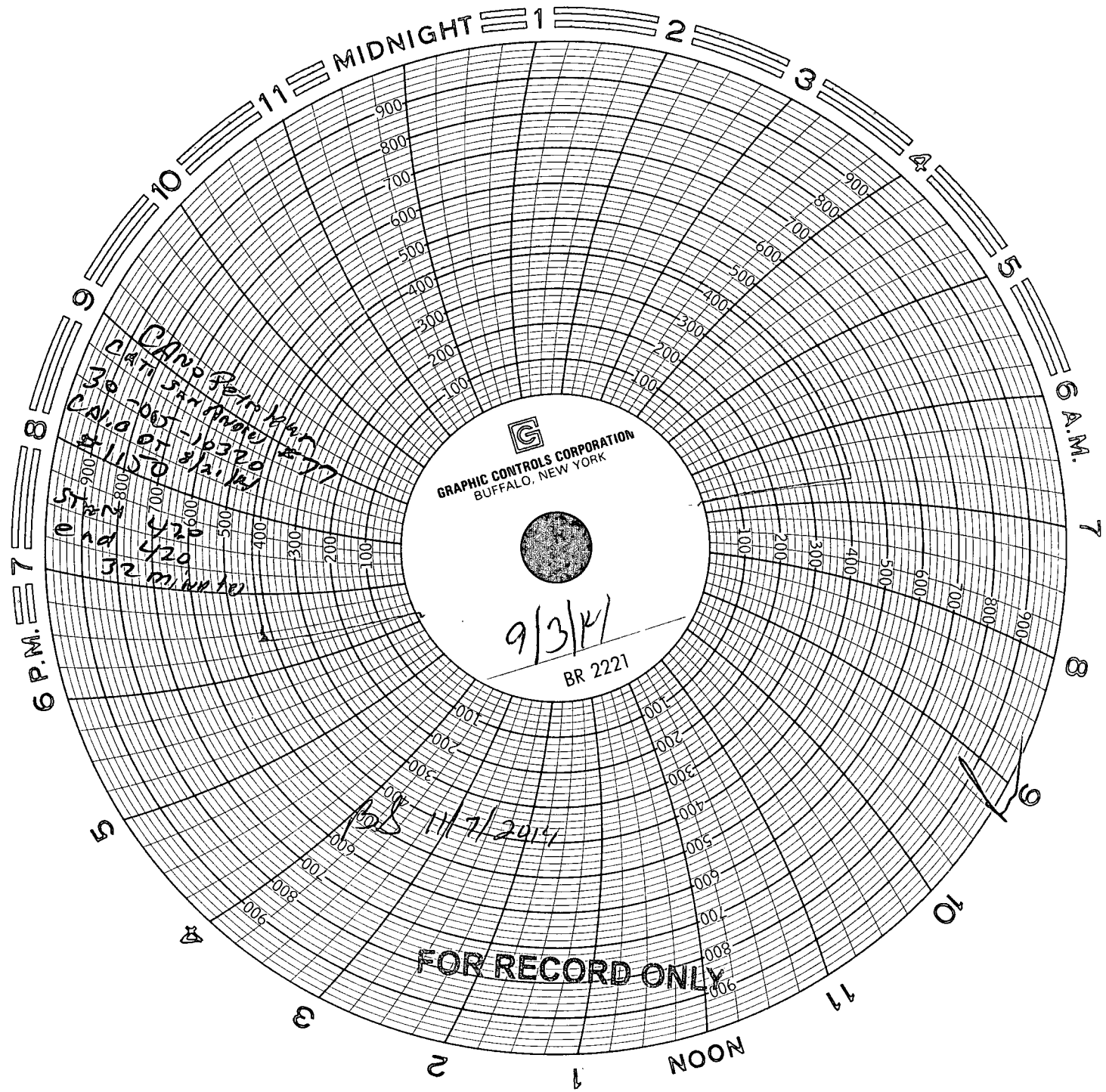
DATE

11/7/2014

Conditions of Approval (if any):

FOR RECORD ONLY

NOV 18 2014



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

9/3/14

BR 2221

FOR RECORD ONLY

11/7/2014

Cano Port N.Y.
1005-10320
1150 8/21/14
420 420
32 minutes