

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

Form C 103  
 Revised July 18 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 30-025 29962
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2 Name of Operator J Cooper Enterprises		6 State Oil & Gas Lease No NA
3 Address of Operator Box 55 Monument, NM 88265		7 Lease Name or Unit Agreement Name Anderson SWD
4 Well Location Unit Letter <u>O</u> <u>330</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>8</u> Township <u>20</u> Range <u>37</u> NMPM Lea County		8 Well Number 1
11 Elevation (Show whether DR, RKB, RT GR, etc.)		9 OGRID Number 244835
		10 Pool name or Wildcat Monument SA

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

<b>NOTICE OF INTENTION TO</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER <input type="checkbox"/>		RE: <b>E-PERMITTING &lt;SWD INJECTION&gt;</b> CO: CONVERSION _____ RBDMS _____ CA: RETURN TO _____ TA _____ INT TO P&A NR _____ CHG LOC _____ OTHER <input type="checkbox"/>
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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.

Proposed P & A

See Attached

The Oil Conservation Division  
**MUST BE NOTIFIED 24 Hours**  
 Prior to the beginning of operations

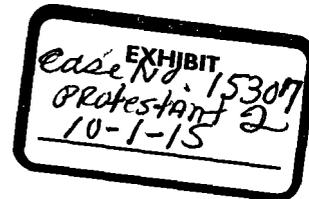
HOBBS OCD

AUG 10 2015

RECEIVED

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 Eddie W Seay TITLE \_\_\_\_\_ Agent DATE 8/10/15

Type or print name Eddie W Seay E-mail address seay04@leaco.net PHONE 575 392 2236

For State Use Only

APPROVED BY Maley Brown TITLE Dist Supervisor DATE 8/11/2015

Conditions of Approval (if any)

AUG 10 2015

MPB