

HOBBS OCD

Submit One 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

DEC 05 2014

Form C-103
 January 20, 2011

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

RECEIVED

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.)		WELLS API NO. <u>30-2009-20022</u>
1. Type of Well: <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator SWEPI LP		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 576, Houston, TX 77001: (Local Contact SEPCo 4582 S. Ulster Pkwy., Suite 1400, Denver, CO 80237)		7. Lease Name or Unit Agreement Name Terry and Pamela Stovall Partnership <u>13</u>
4. Well Location Unit Letter <u>B</u> : <u>800</u> feet from the <u>North</u> line and <u>1835</u> feet from the <u>East</u> line Section <u>13</u> Township <u>8N</u> Range <u>35E</u> NMPM <u>Curry</u> County		8. Well Number <u>Stovall 13-1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4561 feet - GR		9. OGRID Number 2500036
10. Pool name or Wildcat Wildcat		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A	

- ☒ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
- ☒ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
- ☒ A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.

- ☒ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☒ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- ☒ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location. No tank battery on location.
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- ☒ All other environmental concerns have been addressed as per OCD rules.
- ☐ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. **Not applicable, no pipes or flow lines installed on location.**
- ☐ If this is a one-well lease or last remaining well on lease, all electrical service, poles and lines, not to include primary service company equipment, has been removed from lease and well location. **Not applicable, well never completed.**

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE _____ TITLE: Senior Regulatory Advisor DATE _____

TYPE OR PRINT NAME: Michael L. Bergstrom E-MAIL: Michael.Bergstrom@shell.com PHONE: 303.222.6347

For State Use Only

APPROVED BY: Maureen Brown TITLE: Dist. Supervisor DATE: 12/8/2014
 Conditions of Approval (if any): _____

DEC 09 2014