

Office

Minerals and Natural Resources

June 19, 2008

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

RECEIVED
SEP 17 2009
HOBBSDO

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO 30-005-20305
5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7 Lease Name or Unit Agreement Name Cato San Andres Unit
8 Well Number 182
9. OGRID Number 248802
10. Pool name or Wildcat Cato, San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4080'

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
Cano Petro of New Mexico, Inc.

3 Address of Operator
801 Cherry Street Unit 25 Suite 3200 Fort Worth, TX 76102

4 Well Location
Unit Letter D 660 feet from the N line and 660 feet from the W line
Section 5 Township 09S Range 30E NMPM County Chavez

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

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

OTHER:

OTHER Swab Well

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 1103 For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Swab Test on May 13, 2009 Swabbed for 4hrs 3 bbls of oil and 6 bbls of water.

Swab Test on May 14, 2009 Swabbed for 4hrs 1 bbl of oil and 7 bbls of water.

Spud Date:

07/23/69

Rig Release Date:

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

SIGNATURE Cindy Chavez TITLE Regulatory Coordinator DATE 5/30/09

Type or print name Cindy Chavez E-mail address _____ PHONE 817-698-0900

For State Use Only

APPROVED BY Cindy Chavez TITLE DISTRICT 1 SUPERVISOR DATE SEP 21 2009
Conditions of Approval (if any)