HOBBS OCD

Submit One Copy To Appropriate District 1 8 2014 State of New Mexico Office District I Energy, Minerals and Natural Resources	Form C-103 Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-04246
District II 811 S. First St., Artesia, NM 88210 District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE FEE X 6. State Oil & Gas Lease No. Image: State
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	COOPER B
1. Type of Well: XOil Well Gas Well Other	8. Well Number 11
2. Name of Operator MORGAN OPERATING INC *	9. OGRID Number 224367
3. Address of Operator	10. Pool name or Wildcat
P. O. BOX 118, HOBBS, NM 88241 4. Well Location	EUNICE MONUMENT; GBSA
Unit Letter <u>H</u> : <u>1980</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>E</u> line	
Section <u>12</u> Township <u>20S</u> Range <u>36E</u> NMPM <u>County</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other D	ata
	SEQUENT REPORT OF:
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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.	
\land A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the $3 - 4$	
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> <u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u>	
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.	
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. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well	
location, except for utility's distribution infrastructure.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
SIGNATURE Hye Heard TITLE AGENT	DATE 06/18/14
TYPE OR PRINT NAME GAYE HEARD E-MAIL: gheard@oilre	portsinc.com_PHONE: 575-393-2727
For State Use Only AL A Conference of the State Use Only AL A Conferen	
APPROVED BY: Maley Show TITLE Dest Supervisor DATE 6/19/2014	
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