

OCT 15 2014

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

Form C-10  
 Revised July 18, 201

<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. <b>30-025-243340000</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>SWD</b>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>TORA Oil + Gas, LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 1267 JAL, NM. 88252</b>		7. Lease Name or Unit Agreement Name <b>ARCO Crump</b>
4. Well Location Unit Letter <b>J</b> : <b>1650</b> feet from the <b>South</b> line and <b>1650</b> feet from the <b>EAST</b> line Section <b>1</b> Township <b>24-S</b> Range <b>36-E</b> NMPM <b>LEA</b> County		8. Well Number <b>#2</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3345 DF</b>		9. OGRID Number
10. Pool name or Wildcat <b>Langlie Mattie</b>		

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

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

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.

*Rig up Pulling Unit + pull tubing + packer OK for LEAK*

### Per Underground Injection Control Program Manual

11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perms or open hole.

### Condition of Approval: notify

OCD Hobbs office 24 hours prior of running MIT Test & Chart

### C.O.A.-SUBMIT WELLBORE DIAGRAM

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 W.E. Armstrong II TITLE Mgr. DATE 10-14-14  
 Type or print name W.E. Armstrong II E-mail address: geos@aahnet.com PHONE: 575-631-719  
 For State Use Only  
 APPROVED BY: Makenzie Brown TITLE Dist. Supervisor DATE 10/15/2014  
 Conditions of Approval (if any):

OCT 17 2014