

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30 005 10502
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FEED
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CSAM
8. Well Number 57
9. OGRID Number
10. Pool name or Wildcat CSAM

SUNDRY NOTICES AND REPORTS ON WELL **NOV 06 2014**
(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 ☐ **RECEIVED**
2. Name of Operator **Cano Petroleum of New Mexico**
3. Address of Operator **823 S. Detroit Tulsa, OK 74120**
4. Well Location
Unit Letter **P** : **660** feet from the **N** line and **1000 600** feet from the **W** line
Section **10** Township **8S** Range **30E** NMPM County **CHAVEZ**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: **MIT** ☒

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.

Pressured up to #420 for 32 minutes
starting pressure #420 ending pressure #420

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 **Robert McKenzie** TITLE **SE. Field Operations mgr** DATE **9/2/14**
Type or print name **Robert McKenzie** E-mail address: **robert.mckenzie@NMST.com** PHONE: **432-425-3156**
For State Use Only

APPROVED BY: **Bill Semanah** TITLE **Staff Manager** DATE **11/7/2014**
Conditions of Approval (if any):

FOR RECORD ONLY

h NOV 12 2014

