

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

WELL API NO. 30-025-09736
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 Gutman SWD
8. Well Number 2
9. OGRID Number
10. Pool name or Wildcat Jalmat

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <input checked="" type="checkbox"/> <b>HOBBS OCD</b>
2. Name of Operator Herman L. Loeb LLC
3. Address of Operator PO BOX 838 Lawrenceville, Ill. 62439
4. Well Location Unit Letter <u>G</u> :2,310' feet from the <u>N</u> line and <u>1,650'</u> feet from the <u>East</u> line Section <u>29</u> Township 25S Range <u>3E</u> NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,028' GR

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 checked="" 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.

Note: All work performed on this well will be conducted with the use of a closed loop system. And disposed of at a licensed facility.

This well failed a MIT on 12/21/2015.

1: Will MIRU on approximately 1/7/2015. Determine the cause of the failure and rectify the problem. Might possibly acidize to improve injection rate and pressure.

2: Load tubing annulus w/packer fluid and water. Perform witnessed and recorded MIT.

Spud Date:

Rig Release Date:

Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart

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

SIGNATURE Michael Polley TITLE Agent for Herman Loeb LLC DATE 10/11/2015

Type or print name Michael Polley E-mail address: polleyms@gmail.com PHONE: 719-342-5600

For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 12/31/2015

Conditions of Approval (if any):

JAN 04 2016