

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

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

HOBBS OCD  
JAN 05 2016  
Form 6-103  
Revised July 18, 2013

WELL API NO. 30-025-00383
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9683
7. Lease Name or Unit Agreement Name ANDERSON RANCH UNIT
8. Well Number 1
9. OGRID Number 155471
10. Pool name or Wildcat ANDERSON RANCH DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4302 GR

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 checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator GRAND BANKS ENERGY	
3. Address of Operator 10 DESTA DRIVE, STE 300-E, MIDLAND, TX 79705	
4. Well Location Unit Letter A : 1980 feet from the NORTH line and 1980 feet from the EAST line Section 11 Township 16S Range 32E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4302 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 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: MIT TEST (TA' WELL) <input checked="" 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.

PRESSURED-UP PRODUCTION CSA/TBA ANNULUS TO  
495 PSIA, HELD FOR 31 MIN. TEST WITNESSED BY  
OCD MAXEY BROWN 10-28-2009

Spud Date:

Rig Release Date:

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

MB

SIGNATURE TERRY DUFFEY TITLE AGENT DATE 12-29-15  
Type or print name TERRY DUFFEY E-mail address: \_\_\_\_\_ PHONE: 432-978-1126  
For State Use Only

APPROVED BY: B. Schumanek TITLE Staff Manager DATE 1/6/16  
Conditions of Approval (if any):

JAN 05 2016

MB



