

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

JAN 05 2016

STATE OF NEW MEXICO  
Energy, Minerals and Natural Resources

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

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-23518
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 SFPRR
8. Well Number 3
9. OGRID Number 309220
10. Pool name or Wildcat Sawyer; San Andres, West
11. Elevation (Show whether DR, RKB, RT, GR, etc.) RKB 3975.6'

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 ☐ Gas Well ☒ Other ☐ Injection well

2. Name of Operator  
SOGO III LLC

3. Address of Operator  
P.O. Box 210, Midland, TX 79702

4. Well Location

Unit Letter P : 660 feet from the S line and 660 feet from the E line  
Section 28 Township 9S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
RKB 3975.6'

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: Pressure Test ☒

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.

Ran pressure test 11/30/15. Witnessed by George Bower. Bradenhead Test Report and chart attached.

Note: Test failed. We have ceased using the well and will make a decision to repair or plug.

Spud Date:

Rig Release Date:

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

GB

SIGNATURE

Tammy Kennedy

TITLE: Regulatory Administrator

DATE: 12/14/2015

Type or print name Tammy Kennedy

E-mail address: tkennedy@stanolind.com

PHONE: 432-640-0033

For State Use Only

APPROVED BY:

Bel Samanah

TITLE

Staff Manager

DATE

1/5/16

Conditions of Approval (if any):

JAN 05 2016



RECEIVED

