

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

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-025-09708
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Herman L. Loeb LLC		6. State Oil & Gas Lease No. B-1484
3. Address of Operator PO Box 838, Lawrenceville, Ill. 62439		7. Lease Name or Unit Agreement Name State W
4. Well Location Unit Letter <u>O</u> : <u>660'</u> feet from the <u>South</u> line and <u>1,980'</u> feet from the <u>East</u> line Section <u>36</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number #2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,264' GL		9. OGRID Number
		10. Pool name or Wildcat Jalmat, Tan/Yates/7 Rv/Queens

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

NOTICE OF INTENT PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	INT TO PA P&A NR <u>pm</u> <input checked="" type="checkbox"/> P&A R <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> P AND A <input checked="" type="checkbox"/>
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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.

3/14/2017. Set CIBP @ 2,970'. Casing would not PT. Spot 30 sks cmt on top of CIBP. Spot 21 bbls 9.5 ppg salt gel spacer @ 2,511'.

3/15/2017. Ran packer to 1,255'. PT above and below packer and csg tested OK. Tgd plug @ 2,730'. Perf 1,198'. PT perfs & held pressure. Spot 25 sks cmt @ 1,255'. Spot 9.5 ppg salt gel spacer from 878' to surface.

3/16/2017. Tgd cmt plug @ 1,038'. Perf 100'. Ppd 35 sks cmt & got good cmt to surface & left inside full.

3/20/2017. Cut off all casing strings. Found cmt down 6' inside of 4 1/2" casing & down 20' in annulus. Mixed 3 sks cmt & dumped dwn csg & annulus. Capped well & installed dry hole marker.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
Restoration Due By 03-15-2018

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 Michael Polley TITLE Agent for Herman L. Loeb LLC DATE 6/16/2017

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

For State Use Only

APPROVED BY: Michael Polley TITLE P.E.S. DATE 06/19/2017

Conditions of Approval (if any):