

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. 30-025-24740
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> HOBBS OCD		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. E-8327
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>P</u> : <u>990</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>36</u> Township <u>24S</u> Range <u>36E</u> NMPM Lea County		8. Well Number #3
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,256 RT		9. OGRID Number
RECEIVED		10. Pool name or Wildcat Jalmat

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

NOTICE OF INTE PERFORM REMEDIAL WORK <input type="checkbox"/> P TEMPORARILY ABANDON <input type="checkbox"/> C PULL OR ALTER CASING <input type="checkbox"/> I DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: _____	INT TO PA P&A NR <u>2m X</u> P&A R _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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.

Note: All work performed on this well will be done with a closed loop system and disposed of at a licensed facility.

2/28/2017, Set CIBP @ 2,920'. Spotted 4 sks cmt on top of CIBP. Set CIBP @ 2,725'.

3/1/2017, Press test CIBP & csg to 500 psi. Tstd OK. Spot 30 sks cmt on top of CIBP. Spotted 18 bbls 9.5 ppg salt gel spacer 2,202'. Perf 1,100'. Established an injection rate 2 BPM @ 300 psi. Ppd 35 sks cmt & displaced w/15 bbls wtr.

3/2/2017, Tagged plug @ 870'. Spot 8 bbls 9.5 ppg salt gel spacer. Perf 420'. Held 500 psi. Perf 100'. Spotted 28 sks cmt @ 503'. TOH w/tbg. Established circ up csg annulus. Ppd 30 sks cmt & had good cmt to surface. Left inside full.

3/6/2017. Cut off all casing strings. Found cmt @ surface in annulus and inside. Capped well & installed dry hole marker.

Spud Date: _____

Rig Release Date: _____

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 03-01-2018

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

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: Mark Whitaker TITLE P.E.S. DATE 06-19-2017
Conditions of Approval (if any): _____