

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 28329<br>WELL API NUMBER<br>30-025-37362<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>TEXAS DEEP STATE |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | 8. Well Number<br>001                                                                                                                                                                                             |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 2. Name of Operator<br>ENERGEN RESOURCES CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 9. OGRID Number<br>162928                                                                                                                                                                                         |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 3. Address of Operator<br>3510 N A St, Midland, TX 79705                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                          |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1810</u> feet from the <u>N</u> line and feet <u>2210</u> from the <u>W</u> line<br>Section <u>3</u> Township <u>15S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                                                                   |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>4194 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                   |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                   |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                   | NOTICE OF INTENTION TO:                   |             | SUBSEQUENT REPORT OF: |                    | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                             |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                            | ALTER CASING <input type="checkbox"/>     |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                  | PLUG AND ABANDON <input type="checkbox"/> |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                        |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br>Reached TD of 13,543' @ 4:45 p.m., 03/31/06.<br>4/2/06 - 4/21/06<br>Could not move pipe. Circulate, rotated & continued working pipe to get freed up. Mixed & spotted 250 sacks 50/50 POZ "H" @ 12,237'. Drilled out, circulated, Schlumberger to spot a 2nd plug. Set 350 sack 50/50 POZ/H cement plug @ 12,120'. Drilled soft cement down to 12,021'. Resumed drilling on cmt plug 7 fel out @ 12,150'. Started pumping on string, the string came free. Pulling out with no problems.<br>Ran 288 jts 5-1/2" csg. RU Gray WL & ran a freepoint, found csg to be stuck @ the DV tool (10,201'WL). Spot 80 bbls o1/25/2006 Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                   |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| <b>Casing and Cement Program</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>01/25/06</td> <td>Surf</td> <td></td> <td>17.5</td> <td>13.375</td> <td>48</td> <td>H-40</td> <td>0</td> <td>412</td> <td>700</td> <td>1.36</td> <td>C</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>02/23/06</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>HCK-55</td> <td>0</td> <td>5867</td> <td>2200</td> <td>2.12</td> <td>35/65 POZ</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02/23/06</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>HCK-55</td> <td>0</td> <td>5867</td> <td>600</td> <td>1.93</td> <td>35/65 POZ</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02/23/06</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>HCK-55</td> <td>0</td> <td>5867</td> <td>200</td> <td>1.35</td> <td>Class C</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                   | Date                                      | String      | Fluid Type            | Hole Size          | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 01/25/06     | Surf |                                                                   | 17.5 | 13.375 | 48 | H-40 | 0 | 412 | 700 | 1.36 | C |  |  |  | Y | 02/23/06 | Int1 |  | 12.25 | 9.625 | 40 | HCK-55 | 0 | 5867 | 2200 | 2.12 | 35/65 POZ |  |  |  |  | 02/23/06 | Int1 |  | 12.25 | 9.625 | 40 | HCK-55 | 0 | 5867 | 600 | 1.93 | 35/65 POZ |  |  |  |  | 02/23/06 | Int1 |  | 12.25 | 9.625 | 40 | HCK-55 | 0 | 5867 | 200 | 1.35 | Class C |  |  |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                        | Hole Size                                 | Csg Size    | Weight lb/ft          | Grade              | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 01/25/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Surf                                                                                                                                                                          |                                                                                                                                                                                                                   | 17.5                                      | 13.375      | 48                    | H-40               | 0                                              | 412                                       | 700                                    | 1.36                                  | C                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 02/23/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Int1                                                                                                                                                                          |                                                                                                                                                                                                                   | 12.25                                     | 9.625       | 40                    | HCK-55             | 0                                              | 5867                                      | 2200                                   | 2.12                                  | 35/65 POZ                                    |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 02/23/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Int1                                                                                                                                                                          |                                                                                                                                                                                                                   | 12.25                                     | 9.625       | 40                    | HCK-55             | 0                                              | 5867                                      | 600                                    | 1.93                                  | 35/65 POZ                                    |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| 02/23/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Int1                                                                                                                                                                          |                                                                                                                                                                                                                   | 12.25                                     | 9.625       | 40                    | HCK-55             | 0                                              | 5867                                      | 200                                    | 1.35                                  | Class C                                      |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                   |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| <table style="width:100%;"> <tr> <td style="width:33%;">SIGNATURE _____</td> <td style="width:33%;">TITLE _____</td> <td style="width:33%;">DATE _____</td> </tr> <tr> <td>Type or print name</td> <td>E-mail address</td> <td>Telephone No.</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                   | SIGNATURE _____                           | TITLE _____ | DATE _____            | Type or print name | E-mail address                                 | Telephone No.                             |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TITLE _____                                                                                                                                                                   | DATE _____                                                                                                                                                                                                        |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E-mail address                                                                                                                                                                | Telephone No.                                                                                                                                                                                                     |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |
| <b>For State Use Only:</b><br>APPROVED BY: _____ TITLE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                   |                                           |             |                       |                    |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |    |      |   |     |     |      |   |  |  |  |   |          |      |  |       |       |    |        |   |      |      |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |           |  |  |  |  |          |      |  |       |       |    |        |   |      |     |      |         |  |  |  |  |