

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  
October 13, 2009

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>WELL API NO. <b>30-015-20920</b></p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection well</u></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator <u>Roemann SWD Inc</u></p>		<p>6. State Oil &amp; Gas Lease No. <u>Fanning #1</u></p>
<p>3. Address of Operator <u>1315 Lera Circle Carlsbad NM, 88220</u></p>		<p>7. Lease Name or Unit Agreement Name <u>Fanning #1</u></p>
<p>4. Well Location Unit Letter <u>K</u> feet from the _____ line and _____ feet from the _____ line Section <u>1-T19S-R26E</u> Township _____ Range _____ NMPM _____ County <u>Eddy</u></p>		<p>8. Well Number <u>#1</u></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>GL 3359</u></p>		<p>9. OGRID Number <u>239190</u></p>
<p>10. Pool name or Wildcat</p>		<p>10. Pool name or Wildcat</p>

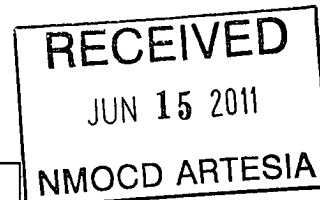
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>          TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>          PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>          DOWNHOLE COMMINGLE <input type="checkbox"/></p>		<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>          CASING/CEMENT JOB <input checked="" type="checkbox"/></p>	
<p>OTHER: <input type="checkbox"/></p>		<p>OTHER: <input type="checkbox"/></p>	

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.

Weatherford International Ltd performed a cit scan of casing to show integrity of casing. Installed 4.5 inch casing sleeve in the 5.5 inch casing that was worn. Rebuilt wellhead. Work was performed due to integrity test failure.

DETAILED TUBING, PLACEMENT OF PACKER AND REPAIR WORK DETAILS MISSING.  
9/6/11 RT



Spud Date: \_\_\_\_\_

Rig Release Date: \_\_\_\_\_

HAD SEVERAL PHONE CALLS TO FRANK TO GET INFO.

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

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Type or print name \_\_\_\_\_

E-mail address \_\_\_\_\_

PHONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_