| Submit I Copy To Appropriate District Office | State of New Mexico | | Form C-103 | | |
|--|--|------------------------|--|---|--|
| <u>District 1</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | | October 13, 2009 | | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | | |
| <u>District I</u> I = (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-015-02308 | | |
| <u>District III</u> - (505) 334-6178 | 1220 South St. Francis Dr. | | 5. Indicate Type of L | | |
| 1000 Rio Biazos Rd., Aziec, NM 87410 | Santa Fe, NM 87505 | | STATE 🗵 | FEE | |
| <u>District IV</u> = (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Santa i C; INVI 07505 | | 6. State Oil & Gas L | ease No | |
| 87505 | | | B-10716 | | |
| 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 | | | 7. Lease Name or Unit Agreement Name Caroline | | |
| PROPOSALS) 1. Type of Well Oil Well Gas Well Other | | | 8 Well Number | 8 Well Number No. 5 | |
| 2 Name of Operator | | | 9. OGRID Number | | |
| David G. Hammond | | | 156206 | | |
| 3 Address of Operator | | | 10. Pool name or Wildcat | | |
| PO Box 1538 Artesia NM 88211 | | | Mıllman Seven Rivers East | | |
| 4. Well Location | | | * | | |
| Unit Letter _D | feet from the | line and | feet from the | line | |
| Section 28 | Township 19 S | Range 28E | NMPM | County Eddy | |
| Section 20 | 11. Elevation (Show whether Di | | | County Eddy | |
| | 11. Elevation (Bhow whether Ex | i, 1010, 111, 011, e10 | | | |
| Banking and all Translation and the state of | | | | | |
| 12. Check A | Appropriate Box to Indicate 1 | Nature of Notice | , Report or Other Da | nta | |
| | • • | t | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | TERING CASING | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A | | | | AND A L | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | NT JOB | | |
| DOWNHOLE COMMINGLE | | | | | |
| OTHER: | | OTHER: | | \bowtie | |
| | leted operations. (Clearly state all | pertinent details, a | nd give pertinent dates, i | ncluding estimated date | |
| of starting any proposed wo | ork). SEE RULE 19.15.7.14 NMA | C. For Multiple Co | ompletions: Attach well | bore diagram of | |
| proposed completion or recompletion. | | | | | |
| | | | | | |
| O I N 5 II lankana | 1 | | | | |
| Caroline No.5 well sign has been posted. | | | | | |
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| Sand Data | Rig Release I |)ata | | | |
| Spud Date: | Kig Kelease I. | Jate. | | | |
| No. | | | | _ | |
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| I hereby certify that the information | above is true and complete to the | best of my knowled | ige and bener. | | |
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| SIGNATURE, miltanur | TITLE * | Owner/Operat | orDATE | 1/2/12 | |
| order of the state | <u> </u> | | 01110 1- A | 170000110 | |
| Type or print name David Laura | E-mail addre | ss. Lhammon o | the treatest PHON | ve: <u>508-/66</u> C | |
| For State Use Only |) (/. | \ _ | 1 | - The second of | |
| TWI I | VILL I | V5 #5 | PHIST THE | 197 101/03/2012 | |
| APPROVED BY: (if any): | TO TO THILE O | is a y | DATE | UI WOOD | |
| Conditions of Approval (if any): | | • | | • • | |