

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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. 30-015-33465
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Echo Production, Inc.		6. State Oil & Gas Lease No. NM034071
3. Address of Operator PO Box 1210, Graham, TX 76450		7. Lease Name or Unit Agreement Name Angell Ranch '36' State
4. Well Location Unit Letter <u>I</u> : <u>1330</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>east</u> line Section <u>36</u> Township <u>19S</u> Range <u>27E</u> NMPM County <u>Eddy</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3386 GL		9. OGRID Number 006742
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> has been approved		10. Pool name or Wildcat Angell Ranch, Atoka Morrow
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: 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"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: 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 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/29/04 Set plug in packer at 10766'. Perforate 10705-09', 10720-26', and 10728-32' 1 SPF (17 holes)

12/02/04 Acidized perms 10705-32' w/ 2000 gals 7 ½% HCl down 2 3/8" N-80 tbg w/ packer at 10666'. Started swabbing and left swab in hole. SD waiting on PL connection.

3/28/05 MIR and pull 3 joints tubing. Recovered swab, reset packer @ 10666' and returned well to production.

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 ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tom Golden TITLE Operations Manager DATE 4/4/05

Type or print name Tom Golden E-mail address: rondaw@echoproduct.com Telephone No. 940-549-3292

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FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE APR 12 2005