

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. Frerich 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

Form C-103  
 Revised July 18, 2013

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

WELL API NO. <b>30-015-04452</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Grayburg Jackson Unit 14</b>
8. Well Number <b>1-R</b>
9. OGRID Number <b>149538</b>
10. Pool name or Wildcat

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
**Asher Enterprises**

3. Address of Operator **11063 D. So. Memorial Dr. PMB525**  
~~7000 Calmont Ste. 310 Ft. Worth, TX 76116~~ **Jul 29 OK 74133**

4. Well Location  
 Unit Letter **D** : **660** feet from the **North** line and **660** feet from the **West** line  
 Section **36** Township **17S** Range **30E** NMPM **Eddy** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

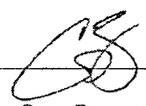
**\*\*Parted casing @ 498'**  
 Spot 25 sxs cmt @ 3090' - Tag @ 2962'. Circ hole w/ MLF.  
 Perf 1400' - sqz 55 sxs cmt - Tag @ 1265'.  
 Perf @ 632' - sqz 55 sxs cmt - Tag @ 518'.  
 Perf @ 50' - sqz 45 sxs cmt - Tag @ 368'.  
 Resqz 45 sxs cmt @ 50' - Tag @ 43'.  
 Pump 15 sxs cmt from 43' to surface. RDMO.

Approved for plugging of well bore only.  
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms. www.cmnrd.state.nm.us/oed.

Spud Date:

Rig Release Date:

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

SIGNATURE  TITLE P&A Tech DATE 6/5/15

Type or print name Greg Bryant E-mail address: \_\_\_\_\_ PHONE: 432-563-3355  
**For State Use Only**

APPROVED BY:  TITLE Dist P Spewak DATE 7/22/15  
 Conditions of Approval (if any): \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well Use Form 3160-3 (APD) for such proposals*  
**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>NMLC 028992B</b>
2. Name of Operator <b>Asher Enterprises</b>		6. If Indian, Allottee or Tribe Name
3a. Address <b>11063 D. So. Memoria Dr. PMB 525</b> <del>7000 Calhoun St. 310 Ft. Worth TX 76116</del>		7. If Unit of CA / Agreement, Name and/or No. <b>NMNM 70955X</b>
3b. Phone No. (include area code) <b>817-731-4100</b>		8. Well Name and No. <b>Grayburg Jackson TR6-#2</b>
4. Location of (Footage, Sec., T., R., or Survey Description) <b>T159 OK 74133</b> <b>27-T17S-R30E, 1980 FNL, 1980 FEL 32.8073631, -103.9577108</b>		9. API Well No. <b>30-015-04355</b>
		10. Field and Pool, or Exploratory Area <b>GB Jackson San Andres</b>
		11. County or Parish, State <b>Eddy, NM</b>

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the bond No. on file with the BLM / BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

- 5/21/2015 Set CIBP @ 2975', circ hole w/ 9.5 mud, cap w/ 25 sxs cmt - CTOC @ 2812.
- 5/22/2015 Perf @ 1230' - sqz 55 sxs cmt, no tag, resqz 55 sxs cmt - Tag @ 1130'.
- 5/26/2015 Perf @ 528' - sqz 50 sxs cmt, no tag, resqz 55 sxs cmt - Tag @ 361'.
- 5/27/2015 Perf @ 50' - sqz 55 sxs cmt, resqz 25 sxs cmt to surface. RDMO.

14. I hereby certify that the following is true and correct	
Name <b>Greg Bryant</b>	Title <b>P&amp;A Tech</b>
Signature 	Date <b>6/5/15</b>

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

Title 18 U.S.C., Section 1001 and Title 43 U.S.C., Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

UNITED STATES  
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OM B No. 1004-0137  
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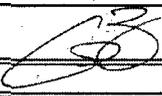
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>8910085020</b>
2. Name of Operator <b>Asher Enterprises</b>		6. If Indian, Allottee or Tribe Name <b>LC-059376</b>
3a. Address <b>11063 D. So. Memorial Dr. PMB 525</b> <del>700 Calumet Ctr. 310, Ft. Worth, TX 76116</del>		7. If Unit of CA / Agreement, Name and/or No. <b>Grayburg Jackson Unit</b>
3b. Phone No. (include area code) <b>817-731-4100</b>		8. Well Name and No. <b>Grayburg Jackson Tr 11 #2</b>
4. Location of (Footage, Sec., T., R., or Survey Description) <b>TWIS OK 74133</b> <b>27-T17S-R30E, 660 FNL, 660 FEL 32.8109851, -103.953996</b>		9. API Well No. <b>30-015-04350</b>
		10. Field and Pool, or Exploratory Area <b>Grayburg Jackson</b>
		11. County or Parish, State <b>Eddy, NM</b>

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the bond No. on file with the BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

- 5/5/2015 Set CIBP @ 2898' w/ 25 sxs on top, pump 9.5 mud.
- 5/6/2015 Perf @ 1260' sqz 50 sxs - Tag @ 1159', BLM ok'd to perf at top of Tag resqz 50 sxs 1260'-1160'.
- 5/7/2015 Perf @ 1158' sqz 50 sxs displace to 1058' Tag cmt @ 1159' resqz 60 sxs w/ 2% Cal Tag @ 1020'.
- 5/11/2015 Perf @ 540'-440' sqz 50 sxs Tag @ 420'.
- 5/12/2015 Perf @ 50' sqz 50 sxs WOC Tag @ 40', BLM ok'd to top off from Tag to surface. RDMO.

14. I hereby certify that the following is true and correct	
Name <b>Greg Bryant</b>	Title <b>P&amp;A Tech</b>
Signature 	Date <b>5/18/15</b>

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Approved by:	Title	Date
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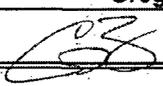
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2. Name of Operator <b>Asher Enterprises</b>		6. If Indian, Allottee or Tribe Name <b>LC-028992-A</b>
3a. Address <b>1063 D. So. Memorial Dr. PMB 525</b> <del>700 Calmont Ste. 310, Ft. Worth TX 76116</del>		7. If Unit of CA / Agreement, Name and/or No. <b>Grayburg Jackson Unit</b>
3b. Phone No. (include area code) <b>817-731-4100</b>		8. Well Name and No. <b>Grayburg Jackson 7B #2</b>
4. Location of (Footage, Sec., T. R., or Survey Description) <b>TJ139 DK 74133</b> <b>27-T17S-R30E, 2310 FSL, 330 FEL 32.8046349, -103.9523111</b>		9. API Well No. <b>30-015-04354</b>
		10. Field and Pool, or Exploratory Area <b>Grayburg Jackson</b>
		11. County or Parish, State <b>Eddy, NM</b>

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- 5/14/2015 Set CIBP @ 2894' w/ 25 sxs on top Tag @ 2521'.
- 5/15/2015 Perf @ 1305 - sqz 55 sxs - Tag @ 1299'.
- 5/18/2015 Perf @ 1248' - sqz 55 sxs - Tag @ 1080'.
- 5/19/2015 Perf @ 557' - sqz 55 sxs - Tag @ 439'.
- 5/19/2015 Perf @ 50' - Sqz 20sx cmt to surface.
- 5/20/2015 Cut off WH - no cmt behind 8-5/8 - Pump 65sx cmt down backside of 8-5/8 to surface. RDMO

14. I hereby certify that the following is true and correct	
Name <b>Greg Bryant</b>	Title <b>P&amp;A Tech</b>
Signature 	Date <b>6/3/15</b>

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