

Office  
 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

**NM OIL CONSERVATION**

Minerals and Natural Resources  
 ARTESIA DISTRICT  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

RECEIVED

REVISED July 10, 2012

WELL API NO. <b>30-015-02308</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>CAROLINE</b>
8. Well Number <b>005</b>
9. OGRID Number <b>297512</b>
10. Pool name or Wildcat <b>SEVEN RIVERS</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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  
**MEM OIL LLC**

3. Address of Operator  
**1902 HERMOSA DR. 88210**

4. Well Location  
 Unit Letter **D-28** feet from the \_\_\_\_\_ line and \_\_\_\_\_ line  
 Section **D-28** Township **A-5** Range **28E** NMPM County **EDDY**

**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 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 checked="" type="checkbox"/>		OTHER: <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**REPLACED (W) LEGIBLE WELL SIGN**

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

*[Signature]* 10-6-16

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

SIGNATURE

*[Signature]*

TITLE

**SECRETARY**

DATE

**9/29/16**

Type or print name  
 For State Use Only

**STEVE MAHAR**

E-mail address:

**S.MAHAR53@YAHOO.COM**

PHONE:

**575-106-0036**

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):