

District I
1625 N. Francis Dr., Santa Fe, NM 87505
District II
1301 W. Granada, Santa Fe, NM 87505
District III
1000 Rio Blvd., Santa Fe, NM 87505
District IV
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
May 27, 2004

<p>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.)</p>		<p>WELL API NO. 30-015-34963</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>
<p>2. Name of Operator THOMPSON, J. CLEO</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator P.O. BOX 12577 ODESSA, TX 79768-2577</p>		<p>7. Lease Name or Unit Agreement Name MONTURA FED COM</p>
<p>4. Well Location Unit Letter P : 1091.5 feet from the SOUTH line and 994 feet from the EAST line Section 15 Township 22S Range 26E NMPM County EDDY</p>		<p>8. Well Number 002</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3317</p>		<p>9. OGRID Number 11181</p>
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p>		<p>10. Pool name or Wildcat HAPPY VALLEY (MORROW) 78060</p>
<p>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 _____</p>		

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

<p>NOTICE OF INTENTION TO:</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"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-20-06 RUN 9 5/8 CASING

Casing Report: Run shoe joint 40# N80 and 58 jts 36# J-55', Casing Set @ 2524'

Cement Report: Test lines. Pump 600 sxs 35//65/6 C+5 lb salt + 1 lb CF+5 lb LCM1, Tail w/200 sx C + 1% CaCl2, plug down @12:30pm, CIRC 200 sx to pit.

WOC, cut off 13 3/8, cut off 9 5/8, weld on head & test to 1500 psi, NU BOP & pressure test BOP.

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 Jim Stevens TITLE OPERATIONS MANAGER DATE 11/22/2006
 Type or print name JIM STEVENS E-mail address: jstevens@jcleo.com Telephone No. (432)550-8887
 For State Use Only

APPROVED BY: _____ TITLE _____ DATE 11/28/06
 Conditions of Approval (if any):