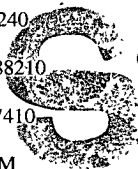


Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

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

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. 30-015-35029
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Corkran Energy, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 300 Beardsley Lane, C-204 Austin, TX 78746		7. Lease Name or Unit Agreement Name Renata 16 State Com
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>910</u> feet from the <u>East</u> line Section <u>16</u> Township <u>23S</u> Range <u>24E</u> NMPM Eddy County		8. Well Number #1 JUL 30 2007
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4065'		9. OGRID Number 212226
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Chester
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:		SUBSEQUENT REPORT OF:	
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 checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Intermediate Casing Set:

Ran 62 jts. 9 5/8 J-55 40# LT&C casing, float shoe, 1 jt. float collar & 60 jts. Circulated capacity of casing. Tested lines to 4000#, pump 20 bbl GW-27 Fresh water gel spacer ahead of lead cement. Casing set depth 2540"

Lead Cement: 750 sx 50/50 Poz Premium C + 5% salt + .125#/sk Cello Flake + 5#/sk LCM-1 + 10% Bentonite (Wt. 11.8, Yield 2.45, Slurry 327 bbls).

Tail Cement: 200 sx Premium C + 2% CaCl + .125#/sk Cello Flake + 5#/sk LCM-1 (Wt. 14.8, Yield 1.34, Slurry 47 bbls).

Displaced with 191 bbls Fresh Water. Bumped the plug with 1059 psi. Circulated 190 sxs cement to reserve pit. Plug held ok. WOC 24 hrs. Tested casing to 1500# for 30 minutes. Reduced hole size to 8 3/4" and resumed drilling.

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 Angela Lightner TITLE Consultant DATE 7-26-2007

Type or print name Angela Lightner E-mail address: angela@rkford.com Telephone No. 432-682-0440

For State Use Only

APPROVED BY: Accepted for record - NMOCD TITLE _____ DATE 7/30/07
Conditions of Approval (if any):