

APR 27 2009

Form C-103

May 27, 2004

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

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

WELL API NO.

30-015-22907

5. Indicate Type of Lease FEDERAL
STATE ☒ FEE ☐6. State Oil & Gas Lease No.
20297. Lease Name or Unit Agreement Name
SCHNEIDER8. Well Number
0019. OGRID Number
23138210. Pool name or Wildcat
RED LAKE;QUEEN-GRAYBURG-SA

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 INJECTION

2. Name of Operator

STATE OF NM FOR C&D MANAGEMENT CO DBA FREEDOM VENTURES

3. Address of Operator

4801 LANG NE SUITE 110 ALBUQUERQUE, NM 87109

4. Well Location

Unit Letter J : 2310 feet from the SOUTH line and 1980 feet from the EAST lineSection 24 Township 17S Range 27E NMPM County EDDY, NM

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

Pit or Below-grade Tank Application ☐ or Closure ☐

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 ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS ☐ P AND A ☒CASING/CEMENT JOB ☐OTHER: ☐

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.

SEE ATTACHMENT

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 Mark Hoskins TITLE AGENT DATE 4-24-09

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 7/30/09

Conditions of Approval (if any):

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.emnrd.state.nm.us/oed.

MAYO MARRS CASING PULLING INC.
BOX 863
KERMIT, TEXAS 79745

NM0CD

Lease: NM0CD FOR C & D MANAGEMENT
Project: SCHNEIDER # 1

4/1/2009

CIBP @ 1383' - SPOT 25 SACKS ON TOP

4/2/2009

PERF @ 563' - PUMP 35 SACKS - TAG @ 463'
PERF @ 60' - CIRCULATE 40 SACKS TO SURFACE

PUMPED PLUGGING MUD BETWEEN ALL PLUGS
INSTALLED DRY HOLE MARKER