

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

SEP 21 2009

Form C-103
May 27, 2004

WELL API NO. 30-015-00250
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name KLEEMAN
8. Well Number # 1
9. OGRID Number
10. Pool name or Wildcat DATON

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator NEW MEXICO OCD	
3. Address of Operator	
4. Well Location Unit Letter _____ P : _____ feet from the _____ 330 _____ line and _____ E _____ feet from the _____ 990 _____ line Section 27 Township 18S Range 26E NMPM EDDY County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 checked="" 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"/>	
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.

9/3/09 SET CIBP @ 1145' - CIRCULATE PLUGGING MUD - SPOT 25 SACKS @ 1145' - PERF @ 300'
9/4/09 PUMP 100 SACKS THRU PERFS - TAG @ 140' - PERF @ 60' - PUMP 30 SACKS
9/8/09 RIH AND TAG @ 65' - PUMP 25 SACKS DOWN BACKSIDE - WOC - SPOT 20 SACKS DOWN BACKSIDE
9/9/08 HELD 300# - CIRCULATE 15 SACKS FROM 60' TO SURFACE - INSTALL PA MARKER - CLEAN UP LOCATION

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Mark Hoskins TITLE agent for ocd DATE 9/10/09

Type or print name Mark Hoskins E-mail address: mark@mayomarrs.net Telephone No. 432-490-7959

For State Use Only

APPROVED BY: Mark Hoskins TITLE _____ DATE 9/21/09
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.