

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

JUL 26 2010

HOBSOCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-015-22724

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

301219

7. Lease Name or Unit Agreement Name  
State CB Com

8. Well Number 001

9. OGRID Number

232611

10. Pool name or Wildcat  
Winchester; Atoka

## 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

SUNDOWN ENERGY LP

3. Address of Operator

13455 NOEL RD, STE. 2000, DALLAS, TX 75240

4. Well Location

Unit Letter O 660 feet from the S line and 1980 feet from the E lineSection 29 Township 19S Range 28E NMPM County EDDY

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

GR - 3382' RKB - 3400'

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.

POOH w/ 2-3/8" tbq.

Set CIBP @ 8630', 48' above top perf @ 8678'.

Pressure test casing. Find leak if necessary.

Temporarily Abandoned wellbore.

**DENIED**  
 DATE OF LAST PRODUCTION 10/1/1994  
 WELL MUST BE RETURNED TO BENEFICIAL  
 USE OR A P&A PLAN SUBMITTED  
 BY 10/28/2010. RI - NMOC  
 7/28/10  
 TA EXPIRED 3/14/2010

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

*J. M. Faulkner*

TITLE

*Production Supt*

DATE

7-22-10

Type or print name

E-mail address:

Telephone No.

**For State Use Only**

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):