

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

October 13, 2009

WELL API NO. 30-031-20174
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 Lone Pine Dakota D Unit 40285
8. Well Number 14
9. OGRID Number
10. Pool name or Wildcat Lone Pine Dakota

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
Nacogdoches Oil & Gas Inc.

3. Address of Operator
PO Box 23418 Nacogdoches TX. 75963

4. Well Location
Unit Letter **H**: **4620'** feet from the **West** line and **1980'** feet from the **North** line
Section **13** Township **17N** Range **9W** NMPM **McKinley** County

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

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 ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐ Convert to Producer

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The Lone Pine Dakota #14 well is equipped as a Natural Gas Injection Well. NOG is requesting a Change in Status from a Natural Gas Injection to a Natural Gas Producer . The well will be shut in until a market is available.

RCVD JUL 29 '10
OIL CONS. DIV.

DIST. 3

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mike Allen TITLE VP E+P DATE 7-29-10

Type or print name Mike Allen E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Kelly G. Boett TITLE Deputy Oil & Gas Inspector, District #3 DATE AUG 09 2010

Conditions of Approval (if any):

[Handwritten signature]