

HOBBS OCD
AUG 05 2014
RECEIVED

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1000 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

<p>WELL API NO. 30-025-26299</p>	
<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>	
<p>6. State Oil & Gas Lease No. LG-5543</p>	
<p>7. Lease Name or Unit Agreement Name LEA YH STATE</p>	
<p>8. Well Number 2</p>	
<p>9. OGRID Number 122912</p>	
<p>10. Pool name or Wildcat Airstrip Bone Springs</p>	
<p>4. Well Location Unit Letter _____ P _____ : 660 _____ feet from the _____ S _____ line and _____ 660 _____ feet from the _____ E _____ line Section 25 Township 18S Range 34E NMPM County Lea</p>	
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3961.4' GL, 3972.4' KB - 11' KB</p>	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p>		<p>SUBSEQUENT REPORT OF:</p>	
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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>Return to production</u> <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12-6-13 - workover operations
→ Drilled out CIBP @ 9,106'. SN
@ 9,517'. RIH w pump & rods
Hung on.
returned to production 7-29-14

Spud Date: no change Rig Release Date: _____

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

SIGNATURE Gary G. Schelling TITLE Production Mgr DATE 8/4/14
Type or print name Gary G. Schelling E-mail address gschelling@emntn PHONE 970-927-2764
For State Use Only river oil CBM
APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 8/5/2014
Conditions of Approval (if any): _____

AUG 05 2014

dm