

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

JUN 19 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

| |
|---|
| WELL API NO. 30-005-20257 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <i>Fed</i> |
| 6. State Oil & Gas Lease No. 2807559 |
| 7. Lease Name or Unit Agreement Name Cato San Andres Unit |
| 8. Well Number 149 |
| 9. OGRID Number 248802 |
| 10. Pool name or Wildcat Cato, San Andres |
| 4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>E</u> line Section <u>27</u> Township <u>8S</u> Range <u>30E</u> NMPM County <u>Chavez</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>GR 4160</u> |

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

Cano Petro of New Mexico, Inc.

3. Address of Operator
801 Cherry Street Unit 25 Suite 3200
Fort Worth Texas 761023

4. Well Location

Unit Letter A : 330 feet from the N line and 990 feet from the E line
Section 27 Township 8S Range 30E NMPM County Chavez11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4160Pit 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: SWAB ☒

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.

Conducted swab test to evaluate well.

On 3/20/09 swab 2 bbl of oil in 4 hrs and 16 bbls of water with swabbing unit.

On 3/21/09 swab 1 bbl in 4 hrs oil and 17 bbls of water with swabbing unit.

All oil and water was hauled to battery 2 and pump thru separator.

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 [Signature] TITLE Regulatory Coordinator DATE 4/15/09

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUN 23 2009

Conditions of Approval (if any):

FOR RECORD ONLY