Office				
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natur	ral Resources	WELL ADINO	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-003-20042	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	in Dio Prozes Dd. Aztes, NM 97410		STATE STATE FEE	
District IV - (505) 476-3460 Santa Fe, NM 505		6. State Oil & Gas Lease No. LH 4757		
87505 PECETIVE IN OTICE	S AND REPORTS ON WELLS		7. Lease Name or U	Jnit Agreement Name
(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] 1 MAY 2			Cottonwood Canyo	
1. Type of Well: Oil Well: Gas Well U Other Co2			8. Well Number CC14X	
2. Name of Operator Kinder Morgan Co2 Company L.P.			9. OGRID Number 34945	
3. Address of Operator P.O. Box 1110 St. Johns, AZ. 85936			10. Pool name or W Abo Reef	/ildcat
4. Well Location		·		
Unit LetterD::	648feet from theN	N line and	1378feet from	n theWline
Section 27		Range 21W	/ NMPM	Catron County
	1. Elevation <i>(Show whether DR,</i> 069 GR	RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTE	NTION TO:	SUBS	SEQUENT REP	ORT OF:
	PLUG AND ABANDON	REMEDIAL WORK		LTERING CASING
TEMPORARILY ABANDON 🗍 C	CHANGE PLANS	COMMENCE DRIL	LING OPNS. P	AND A
_	MULTIPLE COMPL	CASING/CEMENT	JOB ⊠	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
13. Describe proposed or complete	ed operations. (Clearly state all p	pertinent details, and	give pertinent dates,	including estimated date
of starting any proposed work) proposed completion or recom	. SEE RULE 19.15.7.14 NMAC pletion.	C. For Multiple Com	pletions: Attach we	llbore diagram of
Well was spudded on 5/7/13.			<del>.</del>	
Ran 13 3/8 casing to 780' pumped 200 :	sks of cement and circulated 72b	obls of cement to sur	face. (see bond log)	
			· · · · · · · · · · · · · · · · · · ·	7
Spud Date:	Rig Release Da	ate:		
		<u> </u>		
II I Complete the control of the con	1		1 11:-£	
I hereby certify that the information abo	ive is true and complete to the be	est of my knowledge	and belief.	
A)				
SIGNATURE	TITLE	Sup. Ops Co2	DATE	5/14/13
Tune or print name Thomas White	E mail addrass'	Thomas white@kin	dermorgan.com PHO	NE- 0283273220
Type or print name Thomas White For State Use Only			_	_
ADDROVED BY POR	Martin DIST	TRICT SLIDED	VISAP	
APPROVED BY:  Conditions of Approval (if any):	yara THLE WIN	IIIAI AAI PU	WIUUN_DAT	E <u>0/17/20/3</u>