

Submit 3 Copies to Appropriate District Office
District 1
1625 N. French Dr., Hobbs, NM 88240
District 1
1301 W. Grand Ave., Artesia, NM 88210
District 1
1000 Rio Brazos Rd., Aztec, NM 87410
District 1
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-053-20012
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 Cat Head Mesa Unit
8. Well Number 1
9. OGRID Number 018100
10. Pool name or Wildcat Wildcat

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 CO2 Helium Test ☐

2. Name of Operator
Primero Operating, Inc.

3. Address of Operator
PO Box 1433, Roswell, NM 88202-1433

4. Well Location
Unit Letter K : 2310 feet from the South line and 1650 feet from the West line
Section 8 Township 4S Range 9E NMPM County Socorro

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6264 Gr.

Pit or Below-grade Tank Application ☐ or Closure ☐ **NO PITS**

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:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/29/03: Rotary Wireline set CIBP @ 4150' and perforated 4 squeeze holes @ 1170'

10/30/03: Load hole with Gelled Water and pump 4 cement plugs:

Plug 1; 25 sx 4010 to 4150

Plug 2; 25 sx 3010 to 3150

Plug 3; 60 sx 950 to 1170'

Plug 4; 10 sx surface to 30'

A dry hole marker was installed and the location cleaned of junk.

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 President DATE 10/30/03

Type or print name _____ E-mail address: _____ Telephone No. _____

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT SUPERVISOR DATE 7/10/08

Conditions of Approval (if any):