.≟.Ter€**€**:Wright

EX #1

From: Sent:

Teresa Wright [Teresa@McDonnold.net] Wednesday, March 23, 2011 2:25 PM

To:

'elidiol.gonzales@state.nm.us'

Subject:

Langlie Jack Unit

### Mr. Gonzales,

In response to your phone call March 22, 2011 regarding Langlie Jack wells #4, 12, 14, and 17...

Just to keep you informed, we did maintenance on the subject wells in May 2010 and re-ran the pressure tests (which were witnessed by Sylvia). I have the well reports, but am trying to find the charts. According to the well reports, all but the #4 passed the tests. The #4 well should be TA'd (I assume there is a form for that?).

When I locate the charts I will forward all docs asap.
Again thank you for contacting me regarding these forms.
Thank you,
Teresa Wright
(432) 682-3499
McDonnold Operating, Inc.
Teresa@mcdonnold.net

C.,

LRP, Inc 575-394-3098

p.2

July 5, 2011

To Whom It May Concern:

Langlie Jack #14, notified OCD 24 hrs in advance we would be ready to test & chart well Mark arrived on location per request on 5-11-10. Well would not test due to steady pressure loss. Discussed with Mark that I would repull well on 5-11-10 and notify him of my findings and time I would retest. I notified Mark about bad collar and that I would retest in 2 hrs. I was informed he would try to be there but he was on other location, if not there go ahead & retest. Retested well ok. Notifiesd Mark of results and set up test on Langlie Jack #17 for 5-12-10.

Langlie Jack #17. 5-12-10 Pres test & charted csg test. Mark arrived on location after test performed, showed Mark test charts on Langlie Jack #12, #14 & #17. offered to retest wells so he could witness if necessary. I was informed charts looked fine just go ahead and send in with reports.

Thank you,

Ronnie Rogers

#### Teresa Wright

From:

Teresa Wright [Teresa@McDonnold.net]

Sent:

Thursday, March 24, 2011 3:37 PM

To:

'elidiol.gonzales@state.nm.us'

Subject:

C-103s

Attachments:

Langlie Jack C103s.pdf

Mr. Gonzales,

Attached are the C-103s (and charts) that we discussed yesterday. I will put the originals in the mail today.

Thank you for your assistance.

Teresa Wright

(432) 682-3499

McDonnold Operating, Inc.

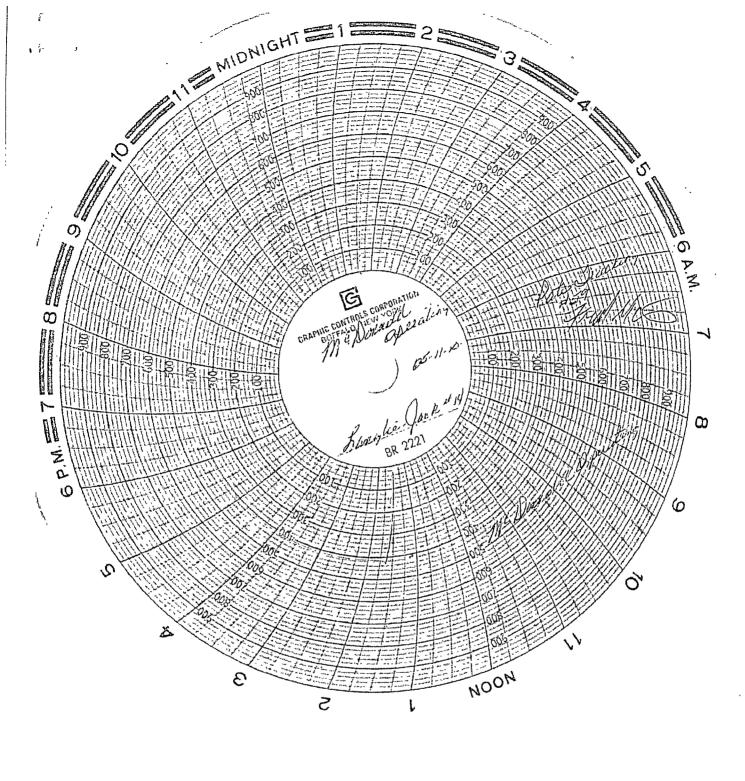
Teresa@mcdonnold.net

Submit 1 Copy To Appropriate District Office	State of New Mo	exico		Form C-103
District I	Energy, Minerals and Natu	ıral Resources	TITTE T	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONCERNATION		WELL API NO. 30-025-1	1276
1301 W. Grand Ave Artesia, NM 88210 District III	OIL CONSERVATION 1220 South St. Fran		5. Indicate Type of	Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fc, NM 87	•	STATE [	FEE   tod
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa i C, 141vi G	7303	6. State Oil & Gas	I. ease No.
87505	CES AND REPORTS ON WELLS		77	
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DIFFERUNT RESERVOIR USE "APPLIC PROPOSALS)	CATION FOR PERMIT" (FORM C-101) FO	DR SUCH	Langlie Ja	ick Unit
1. Type of Well: Oil Well	Gas Well Other In 1ec	tion	8. Well Number	17
2. Name of Operator			9. OGRID Number	14.22.2
3. Address of Operator	eting Inc.		10 Pool name or W	1311 //dee/
505 N. Bin Spring	Suite 204 Midland	Tr nami	i	x Trurs QNGB
4. Well Location	Suite Bot Milatare	1.12 1101	1-ungive 11444	12, 11013, 410 00
Unit Letter A:	330 feet from the N	line and	30_feet from	theline
Section 29	Township 🏖 🕻 S Ra		NMPM Lea	County, UM
	11. Elevation (Show whether DR.	RKB, RT, GR, etc.,		
	4			
12. Check A	Appropriate Box to Indicate N	ature of Notice.	Report or Other D	ata
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I hereby certify that the information a	above is true and complete to the be	est of my knowledge	e and belief.	
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Conditions of Approval (if any)				
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District Conservation Division 1220 South St. Frances Dr. State St. Process Dr. State Dr. Dr. Dr. State Dr. Dr. Dr. Dr. Dr. Dr. Dr.	District I	Energy, Minerals and Natural Resources	
Data	District II	OH CONCEDIATION DIVISION	
Sunta Fee, NM 87505   South Fee   Sunta Fee, NM 87505   G. State Office   Gast Leave NM 87505   G. State Office   G. State Offic			5. Indicate Type of Lease
Substitute   Sub	1000 Rio Brazos Rd., Aztec, NM 87410		
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SOS N. Big Spring Suite DOV Midland Tx 2970 Langlie Inathix, 27715, 200 & 4. Well Location  Unit Letter	3 Address of Operator	ing Inc.	10. Pool name or Wildest
4. Well Location Unit Letter I 1980 feet from the S line and 660 feet from the E line Section 20 Township 145 Range 37 E NMPM Lea County. NYM  11. Elevation (Show whether DR. R.K.B., R.T. G.R. etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   P. LUGAND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P. AND A LITERING CASING   DULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   P. AND A   CASING/CEMENT JOB    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.  MIRU Basic WS - ND WM - PU + bg - Found 3 / 8 x b / SW J+ NW WH - Run + test on Ceg - Fluid level @ Surf - Run chart 30 mins - Press + test + 530 ** Test - good - RDMO  Spud Date:  Rig Release Date  Thereby certify that the information above is true and complete to the best of my knowledge and behef.  SIGNATURE AMAD ATTIME Behavior - PHONE: 432-682-3499 For State Use Only  APPROVED BY: TITLE DATE		Suite 204 Midland Tx 2920	
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Submit 1 Copy To Appropriate District Office	State of New Mo Energy, Minerals and Natu		Form C-103 October 13, 2009
<u>District 1</u> 1625 N, French Dr., Hobbs, NM 88240 District II	Energy, wincian and water	nai Resources	WELL API NO
1301 W. Grand Ave., Artesia, NAI 88210 District III	OIL CONSERVATION 1220 South St. Fra		30-025-11169 5. Indicate Type of Lease
1000 Rio Brazos Rd , Aziec, NM 87410 District IV	Santa Fe, NM 8		STATE FEE ded
1220 S. St. Francis Dr., Santa Fe. NM 87505			o. State Off & Gas Lease No
SUNDRY NOT	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLA		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FO	OR SUCH	Langlie Jack Unit
1. Type of Well: Oil Well	Gas Well Other Injec	tion	8. Well Number 14
Name of Operator  Connold Operation	fina Inc.		9. OGRID Number
3. Address of Operator	31		10. Pool name or Wildcat
4. Well Location	Suite 204 Midland	1×19701	Langlie Mattix, Trus ON, GB
Unit Letter	660 feet from the S	line and	380 feet from the 15 line
Section 20	Township 24 S Ra		NMPM Lea County NM
	11. Elevation (Show whether DR,	RKB, RT. GR. etc )	
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12. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data
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13. Describe proposed or compostarting any proposed we proposed completion or recompletion or recompletion or recompletion or recompletion or recompletion or recompletion or recompletion. NE And Send In to RF to 3000 above SI TIH W 103 jts 27 tension. NU WH. I DO Stands to loose tension. Load they we test good. RDmo.  Spud Date:	ork). SEE RULE 19 15.7.14 NMAC completion.  PWH. Rel PKR. N.  R. RU + bg + esters  ips. Test good. To  k PC + bg. PKR @ 16  Load Csg W   16 bb    Collar. Replace Coll  1 1/2 bb   2/6 Kcl. P  Charts approved    Rig Release Da  above is true and complete to the be	pertinent details, and c. For Multiple Con  W BOP. TOI  And test  OH w  the  3224'. No  5224'. No  6224'. No	of wherever pkr in hole Open ended g. Pu Aeroset Pkr- s Bop. Set Pkr while pts. who pkrfluid. Toth while the Set Pkr will pts to 415# & Charted.
13. Describe proposed or compostarting any proposed we proposed completion or recompletion or recompletion or recompletion or recompletion or recompletion or recompletion or recompletion. NE And Send In to RF to 3000 above SI TIH W 103 jts 27 tension. NU WH. I DO Stands to loose tension. Load they we test good. RDmo.  Spud Date:	ork). SEE RULE 19 15.7.14 NMAC completion.  PWH. Rel PKR. N.  R. RU + bg + esters  ips. Test good. To  k PC + bg. PKR @ 16  Load Csg W   16 bb    Collar. Replace Coll  1 1/2 bb   2/6 Kcl. P  Charts approved    Rig Release Da  above is true and complete to the be	pertinent details, and c. For Multiple Con  W BOP. TOI  And test  OH w  the  3224'. No  5224'. No  6224'. No	of whereset PKR In hole Open Ended  J. Pu Aeroset PKR- BOP. Set PKR while 18 pts. Whereset PKR while TOH while the Set PKR while pts  To 415# 4 Charted-
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Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-11174
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	SIATE FEE FEE
District IV 1220 S. St. Francis Dr., Santa Le, NM	Santa Fc, NM 87505	6. State Oil & Gas Lease No.
87505		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS   DIFFERENT RESERVOIR   LISE "APPLIC	ALS TO DRIEL OR TO DEEPEN OR PEUG BACK TO A ATION FOR PERMIT" (LORM C-101) FOR SUCH	Langlie Jack Unit
PROPOSALS)	·	
	Gas Well Other Injection	8 Well Number 4
2. Name of Operator  Connold Operation	Too	9 OGRID Number
3. Address of Operator	rs. Inc.	10. Pool name or Wildcat
1 / /	suite 204 Midland Tx 787	01 Langlie Mattix Trurs QNGB
4. Well Location	SALIC BUT ITTALANA IN ITT	or Langue mestix, 11 VIS WIO. BD
Unit Letter B :	60 feet from the N line and	1980 feet from the E line
Section 20	Township 245 Range 37E	NMPM Lea County NM
	11. Elevation (Show whether DR, RKB, RT, GR, e	
		a source of source and the source of the sou
12. Check A <sub>1</sub>	ppropriate Box to Indicate Nature of Notice	ce, Report or Other Data
NOTICE OF INT	FNTION TO:   SI	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL W	
TEMPORARILY ABANDON	CHANGE PLANS   COMMENCE I	DRILLING OPNS P AND A
····-	MULTIPLE COMPL   CASING/CEMI	ENT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER	
	ted operations. (Clearly state all pertinent details,	
	k). SEE RULE 19.15.7 14 NMAC. For Multiple	Completions: Attach wellbore diagram of
proposed completion or recor	mpletion.	1011 1.1 73/0 the and
miru Basic Ws. ND	WH-Rel PKR_NU BOP. T Ibg in hole @ 5000# above PKR fluid w/ no circ. N	OH WI a 18 1 Pg WW
7" AD-1 PKR. Test -	lbg in hole @ 5000# above	slips. lest ok, Imp
GOLLIC 20% KCI WI	PKR fluid 10 ho circ. N	DBOP-SET PKR @
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to surface - mula	1101 1031 1020121	04 jts 23/8. PKR 7" Rfluid, Unable to CCLWI PKR fluid to load leak. RD.
	D. D. J. D.	
Spud Date:	Rig Release Date:	
I hereby certify that the information at	pove is true and complete to the best of my knowled	edge and belief.
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( - M M		DATE 3, 316-11
SIGNATURE VI.	10 2 WILL WESIGENT	DATE 3 347
Type or print name   raise m	Connold E-mail address:	DATE 3.24-   PHONE: <u>430-682-34</u> 99
For State Use Only		
		To a series
APPROVED BY:		110.16
Conditions of Approval (if any):	TITLE	DATE

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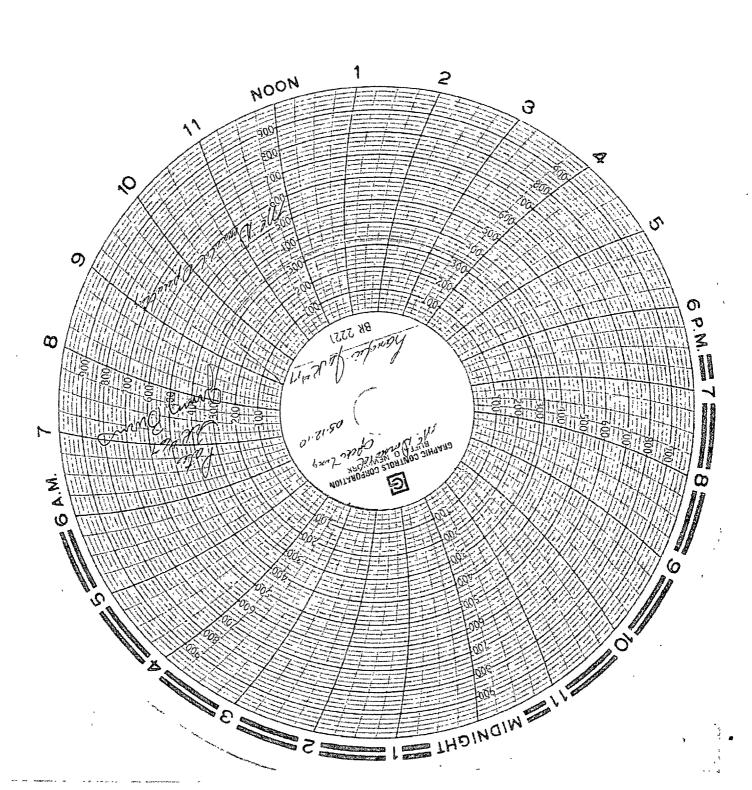
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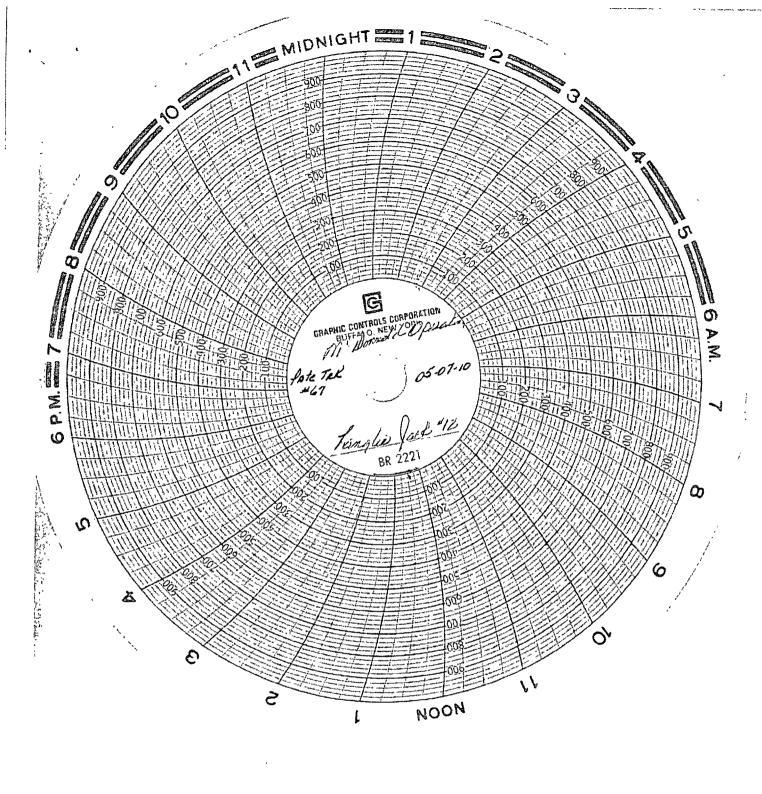
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(Submit 1 Copy To Appropriate District Office	State of New Mo	XICO	,	Form C-103
District I	Energy, Minerals and Natu	ral Resources	WELL API NO.	October 13, 2009
1625 N. French Dr., Hobbs. NM 88240 District II	OH CONCEDUATION	DIVION		76
1301 W. Grand Ave. Artesia, NM 88210 District III	OIL CONSERVATION 1220 South St. Frar		5. Indicate Type of Lease	
1000 Rio Brazos Rd Azicc, NM 87410	Santa Fe, NM 87			FEE   ted
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Odika i e, ivivi e i	303	6. State Oil & Gas Lease	No.
87505	ICES AND REPORTS ON WELLS		7 7 )	
	ICES AND REPORTS ON WELLS ISALS TO DRILL OR TO DLEPEN OR PLA		7. Lease Name or Unit A	-, .
DIFFERENT RESERVOIR USE "APPLI PROPOSALS)	CATION FOR PERMIT" (FORM C-101) FO	R SUCII	Langlie Jack	Unit
1. Type of Well. Oil Well	Gas Well Other Thie Ca	tion	8. Well Number	
2. Name of Operator			9. OGRID Number	2
3. Address of Operator	ating.Inc.		10 Pool name or Wildca	372
505 N. Bin Soring.	Chile Doll mall.	Ty nan-1		
4. Well Location	Suite 204 Midlane	LIA MOL	lungile Mattix,	11 012 010 00
Unit Letter_A	330 feet from the N	line and	30 feet from the	E line
Section 29	Township 245 Ra		NMPM Lea Count	y Um
	11. Elevation (Show whether DR	RKB. RT. GR. etc.)		
12 Check	Appropriate Box to Indicate N	ature of Notice	Report or Other Date	
			•	
NOTICE OF IN			SEQUENT REPORT	
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON  CHANGE PLANS	REMEDIAL WORK COMMENCE DRIL	<b>,</b>	RING CASING
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	<del>-</del>	^ 🗆
DOWNHOLE COMMINGLE	<del>-</del>			
OTHER:	П	OTHER.		П
	eleted operations. (Clearly state all p		give pertinent dates, inclu	ding estimated date
	ork). SEE RULE 19 15.7.14 NMAC	. For Multiple Con	apletions: Attach wellbore	diagram of
proposed completion or rec		0		3/2 1/ 1/
miru Basic WS	G. ND WH. Rel PK J.c. Pu 51/2 AD-1	R. NU A	op. 104 W/ -	1 18 769 P
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30 bb/s 306 KCl	al Overflied Tile	N Drad	La III BOP	SOL DUR
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Csg to 340 K	W/ Pkrfluid. TIH NU WH. Load c lan 30 min. Cha	H. Test	good. RDmc	)
Charts approved by	y OCD.			top perty the perty hise
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Spud Date:	Rig Release Da	le		W. 1651
L		<u> </u>	- Andrew Company of the Company of t	PER 24 Pice
I hereby certify that the information	above is true and complete to the be	st of my knowledge	and belief	
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SIGNATURE CM-M	1/	( - L	D 7	s- all II Dance
SIGNATURE CONTROL OF THE SIGNATURE	THE ITES	ident	DAIE	2.94-11 11.
Type or print name Chaig M.	McDonnold E-mail address		PHONE: Y	32-682-3499
For State Use Only				•
APPROVED DV:	TTTIE		DATE	
APPROVED BY: Conditions of Approval (if any)	TITLE	-	DATE	



Submit I Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Res	Form C-103 October 13, 2009
District I 1625 N. French Dr., Hobbs. NM 88240	Lifergy, witherars and Natural Res	WELL API NO.
District II 1301 W Grand Ave Artesia NM 88210	OIL CONSERVATION DIVIS	1.5 Indicate Time of Lease
District III 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr	SIATE   FEE   red
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe. NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERFNI RESERVOIR USE "APPL"	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK ICATION FOR PERMIT" (FORM C-101) FOR SUCH	(10A ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Type of Well: Oil Well	Gas Well Other Injection	8 Well Number 4
2. Name of Operator Connold Operation		9 OGRID Number
3. Address of Operator		10. Pool name or Wildcat
4. Well Location	Suite 204 Midland Tx	79701 Langlie Mattix Trurs QN6B
Unit Letter B	660 feet from the N II	ne and 1980 feet from the E line
Section 20	Township 245 Range 3	TE NMPM Lea County NM
	11. Elevation (Show whether DR, RKB, K	RT, GR, etc.)
12. Check	Appropriate Box to Indicate Nature of	of Notice, Report or Other Data
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		DIAL WORK 🔼 ALTERING CASING 🗌
TEMPORARILY ABANDON  PULL OR ALTER CASING	= 1 1 1 1 1	MENCE DRILLING OPNS ☐ P AND A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
DOWNHOLE COMMINGLE		
OTHER	OTHE	
of starting any proposed w	ork). SEE RULE 19 15.7.14 NMAC For N	details, and give pertinent dates, including estimated date dultiple Completions: Attach wellbore diagram of
MIRIL BASIC INS. NT	DILLY ROLPUD NIL BO	p. TOH W/23/8 they and
$\gamma \mu \ N_{N-1} = 0.00 \ \text{lact}$	16. In hale 6 60000 at	MID STINS IPST NV YMP
50 bbls 2% KCL W	PKR fluid w/ no circ	. NO BOP- SET PKR @
3238' W/ 18 pts. +	ens. Nu WH. They cou	nt 104 jts 23/8. PKR 7"
HD-1 20-26# Pm	p 95 bbls 2% KCL w	of PKR fluid, unable to
Chart Bled air of	f csg. Pmp so bbls a	3% KCLWI PKR fluid to load
In surface - Moule	a not test. Possible	ND BOP. Set PKR @  nt 104 jts 23/8. PKR 7"  PKR fluid. Unable to  26 KCLW PKR fluid to load  CSg leak. RD.
10 00-11	•	
Count Date	Rig Release Date:	
Spud Date.	Rig Release Date.	
I bereby certify that the information	above is true and complete to the best of my	knowledge and belief.
SIGNATURE ( M.)	Men & torne President	DATE 3.34-11
For State Use Only		DATE 3.24-11 PHONE: 432-682-349
APPROVED BY	TTTLE	DATE
Conditions of Approval (if any)		

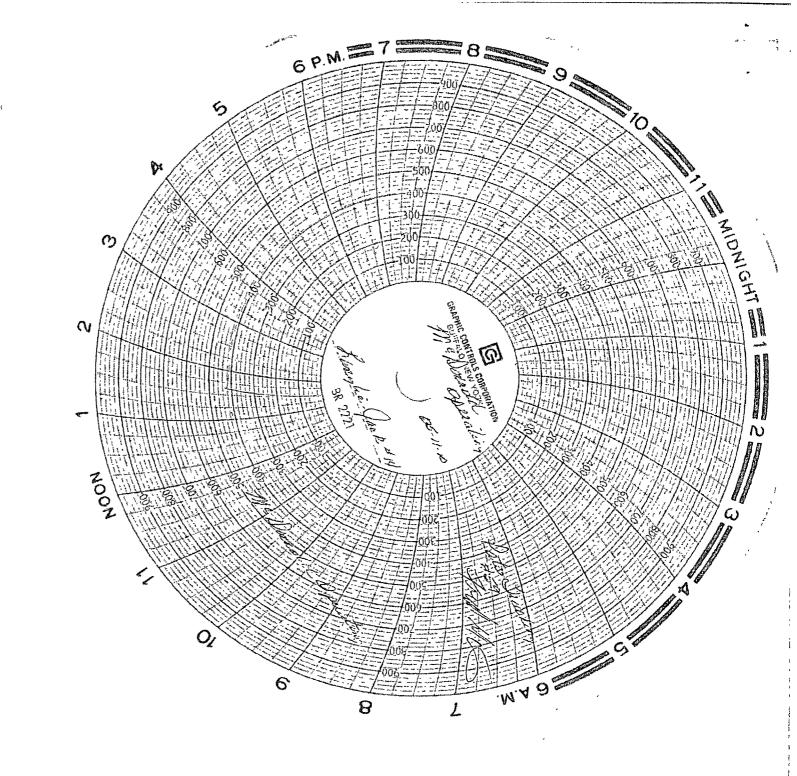
Office Opp 10 Appropriate District	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. Crench Dr., Hobbs. NM 88240 District II	OH CONCERNATION BUTTONS	WELL API NO. 30-025-11154
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87416	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE   FLE   Fed
District IV 1220 S. St. Francis Dr., Santa Fe. NM	Santa re, inivi 87303	6. State Oil & Gas Lease No.
87505	OPE AND DEPONTS ON MIGHT	
	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEFPEN OR PLUG HACK TO A	7 Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLIC PROPOSALS)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	Langlie Jack Unit
	Gas Well Other Injection	8 Well Number 12
2 Name of Operator		9. OGRID Number
McDonnold Operat  3. Address of Operator	ing. Inc.	14372
	Silla Dou Midla I Tunga	10. Pool name or Wildcat
4. Well Location	Suite DOY Midland Tx 797	oll Langlie Mattix, Irurs, Ques
Unit Letter I	1980 feet from the $S$ line and	660 feet from the E line
Section 20	Township 145 Range 37E	NMPM Lea County NM
	11 Elevation (Show whether DR, RKB, RT, GR, etc.	
12 Check A	ppropriate Box to Indicate Nature of Notice	Penart or Other Date
12. CHECK A	propriate box to indicate nature of nonce	, Report of Office Data
NOTICE OF IN		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON  REMEDIAL WOR	
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	<del></del>
DOWNHOLE COMMINGLE	SAOINE DAOINE	U 365
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OTHER:	eled operations. (Clearly state all pertinent details, an	ad give pertinent dates, including estimated date
	k). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or reco	impletion.	1' - 10 1 L ANA 1.94
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Spud Date	Rig Release Date	
I hereby certify that the information a	bove is true and complete to the best of my knowled	ge and benef.
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SIGNATURE	110 Stitle Ident	DATE 3'39-11
Type or print name Caic M.	No NTITUE President  No Donnold E-mail address.	PHONE: 432.682.3499
For State Use Only	- Torrotta E man address.	
	ALTERN TO	DATE
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE
Conditions of Approval (it ally).		



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Office Submit 1 Copy 16 Appropriate District	State of New Me	exico	Form	C-103
District 1	Energy, Minerals and Natu	ıral Resources		13,2009
1625 N. French Dr., Hobbs, NM 88240 District II	CH CANCEDVATERS	Durano	30-025-11169	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION 1220 South St. Fran		5. Indicate Type of Lease	
1000 Rio Brazos Rd Aziec, NM 87410 District IV	Santa Fe, NM 8		STATE   FFE	ted
1220 S. St. Francis Dr., Santa Fe. NM 87505	Sama 1 o, 14141 o.	1303	6. State Oil & Gas Lease No	
SUNDRY NOT	ICES AND REPORTS ON WELLS	5	7. Lease Name or Unit Agreement	Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR USE 'APPLI	DSALS TO DRILL OR TO DEEPEN OR PLI CATION FOR PERMIT (FORM C-101) FO	UG BACK TO A OR SUCH	Langlie Jack Unit	
PROPOSALS)  1. Type of Well: Oil Well	<del></del>	tion	8. Well Number 111	
2. Name of Operator		2.07	9. OGRID Number	
1.3. Address of Operator 1	ting, Inc.		10. Pool name or Wildcat	
505 N. Bis Spring	Suite 204 Midland	17× 79701	Langlie mattix, Trurs a	N. GB
4. Well Location Unit Letter	660 feet from the S		80 feet from the	line
Section 20	Fownship 245 Ra		NMPM Lea County NW	1
	11. Elevation (Show whether DR.	, RKB, RT. GR. etc.)		
12. Check	Appropriate Box to Indicate N	ature of Notice, F	Report or Other Data	
	ITENTION TO:	1	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON  CHANGE PLANS	REMEDIAL WORK COMMENCE DRIL	<b></b>	NG 🗌
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		ليا
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			give pertinent dates, including estim pletions. Attach wellbore diagram o	
proposed completion or rec	completion	•		
MIRU BasicWS. NT and Send in to RE	, WH. Kel PKR. N	u Bor. 100	H WI HEIOSCI FRR	
and send into RE	R. Kutby testers	, and test	in hole upen ence	a
to 3000 above sl	ips. Test good. T	OH w/ +bo	PU Heroset MK.	18 Ats
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to 3000 above SI TIH w/ 103 jts 23/ tension. Nu wt. 1	load csq w/ 16 bbl	5 2% KCL	W/ PKR fluid. 104	W
tension. NU WH. I 20 Stands to loose tension. Load the wi Test good. Romo.	collar. Replace col	lar. TIH WI	+bg. Set PKR W/ 1	6 973
tension. Load the wi	1 1/2 661 2% KC1. P	ress test -	to 415# 4 Charteo	۱_
tect and Romo.	Charls approved t	by OCD.		
Sand Davis	Pig Palanca De		,	
Spud Date:	Rig Release Da			
I hereby certify that the information	above is true and complete to the he	eer of my Lnowledge	and helief	····
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Type or print name arang M.	Ne bornold E-mail address	:	PHONE: <u>430-68</u>	2 <i>-345</i> 9
For State Use Only				

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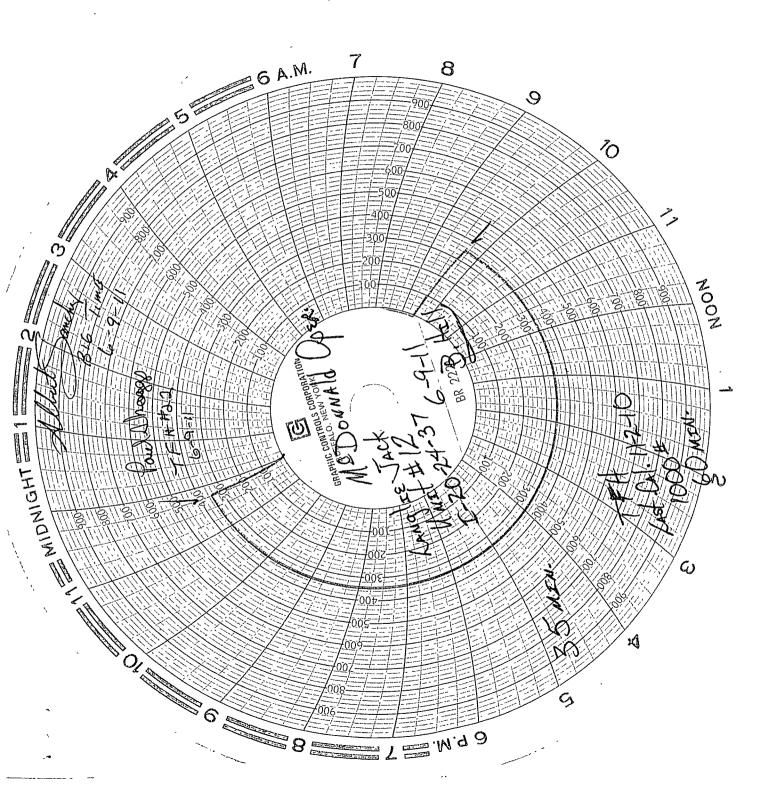


Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	October 13, 2009
1625 N French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	•	WELL API NO.
811 S First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-11169
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 R10 Brazos Rd, Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM	,	o. State Off & Gas Lease No.
87505	TATE AND DEPONDS ON THE	
(DO NOT USE THIS FORM FOR PROPE	TICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPL	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	10 1: 1-011.1
PROPOSALS.)		Langlie Jack Unit
1. Type of Well: Oil Well	Gas Well Other Thection	8. Well Number 14
2. Name of Operator	Lin Inc	9. OGRID Number
3. Address of Operator	ang ne.	10. Pool name or Wildcat
505 N. Big Spring	Suite 204 Midland Tx 19701	10. Tool hame of which
4. Well Location	Suite out it illiana is it is	langue mattix irvis un 68
Unit Letter O :	660 feet from the S line and 1	980 feet from the F line
Section $\frac{30}{20}$	Township 245 Range 37E	
Section 20	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	NMPM Lla County NM
	11. Elevation (Snow whether DR, RKB, RI, GR, etc.,	
12 Check	Appropriate Box to Indicate Nature of Notice,	Domont on Other Date
12. Check	Appropriate box to indicate Nature of Notice,	Report of Other Data
NOTICE OF IN	NTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON 🔲 REMEDIAL WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	LLING OPNS  P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMENT	TJOB 🗌
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OTHER: MIT	₽ OTHER:	П
	pleted operations. (Clearly state all pertinent details, and	d give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Cor	
proposed completion or rec	completion.	
0 0 0 0	- 24 hrs. notice will be	own ociac to test.
Pertorn MI	, 29 Ms. Notice will be	greek prior to 1-0.
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Spud Date:	Rig Release Date:	
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I hereby certify that the information	above is true and complete to the best of my knowledge	e and belief.
0 - 1-1	4.0	1
SIGNATURE	Mai ). A PITTLE President	DATE 661
SIGNATURE VERY	Mes De MITLE President  McDonnold E-mail address:	1/- / 0
Type or print name I a. M.	McDonnold E-mail address:	PHONE. <u>433-681-349</u> 9
For State Use Only		
		D.A.T.E.
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		

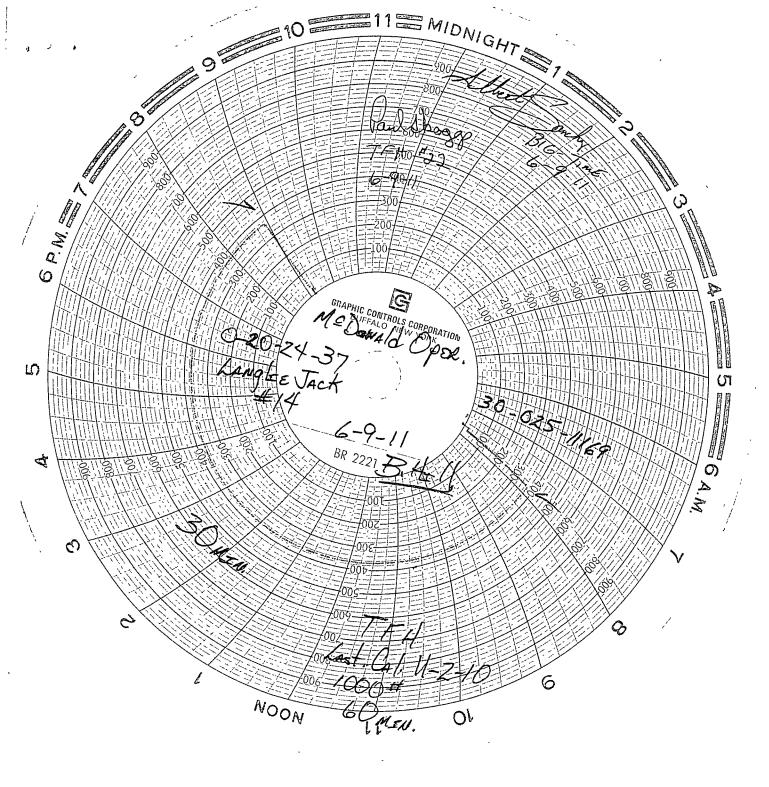
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	October 13, 2009
1625 N French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-11154
<u>District III</u> (505) 334-6178 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FEA
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr , Santa Fe, NM		5. State 5.1 & 545 25455 1.0.
87505 SLINDRY NOT	ICES AND REPORTS ON WELLS	7 7
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Langlie Jack Unit
PROPOSALS)  1. Type of Well: Oil Well	Gas Well Other Thiertian	8. Well Number
2. Name of Operator	Gas Well Other Thjection	9. OGRID Number
McDonnold Operat	ina Inc.	9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
505 N. Big Spring	Suite 204 Midland Tx 1870	Manale Matty Dours ON CA
4. Well Location	531.C = 5.7711012102 12 111	11 11 11 11 11 11 1 1 1 1 1 1 1 1 1 1
Unit Letter :	1980 feet from the S line and	660 feet from the E line
Section 20	Township 245 Range 37E	NMPM Lea County NM
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
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PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON   REMEDIAL WOF CHANGE PLANS   COMMENCE DR	= =
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	leted operations. (Clearly state all pertinent details, an	
of starting any proposed we proposed completion or rec	rk). SEE RULE 19.15.7.14 NMAC. For Multiple Co	mpletions: Attach wellbore diagram of
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1 Gtorm	, at 143, hottee will be	J. 5 . 6 . 7
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Spud Date:	Rig Release Date:	
· L		·
I hereby certify that the information a	above is true and complete to the best of my knowledge	ge and belief.
	. ~	-
- M M	a Stitle President	DATE 6.6.11
SIGNATURE CAPELONE		
Type or print name Taia M.	McDonold E-mail address:	PHONE: 432-682-3499
For State Use Only	- Party and	
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		

Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO.
811 S First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30.035-11276 5. Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE   FEE   Fed
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A TON FOR PERMIT" (FORM C-101) FOR SUCH	1 , 11 . 1
PROPOSALS)	•	Langlie Jack Unit
	s Well Other Injection	8. Well Number 17
2. Name of Operator	Tana	9. OGRID Number
3. Address of Operator	ganc.	10. Pool name or Wildcat
	te 204 Midland Tx 7970/	
4. Well Location	TE 204 IIII aliana 12 17 101	langue Mattix Trurs QUGB
	30 feet from the N line and	330 feet from the E line
Section 29	Township 248 Range 37E	NMPM Lea County NM
	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
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	d operations. (Clearly state all pertinent details, an	nd give pertinent dates, including estimated date
of starting any proposed work).	. SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or recomp	pletion.	
D. P. DOLT	24 hrs. notice will b	o given prior to test.
lettorm MI.	27 NOTICE WITH	c 3 /
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Spud Date:	Rig Release Date:	
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Thereby certify that the information abo	ve is true and complete to the best of my knowled	ge and belief.
increase corning that the information abo	To the date of the court of the whole	<b>O</b>
CM M	1/ Poul la	1 1 11
SIGNATURE CONTINUES	TITLE President	DATE <b>6-6-[]</b>
Type or print name Caia M. M	conold E-mail address:	PHONE: 432-622-3499
For State Use Only	DON'THOUGH L-man address.	1
APPROVED BY:  Conditions of Approval (if any):	TITLE	DATE
CONGITIONS OF ADDIOVALUIT ANVI:		

Office	State of New Mexico	Form C-103
<u>Dristrict I</u> = (575) 393-6161	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OV. GOVGDDVA TVOV DV. TVOV	30-025-11154
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	1220 South St. Francis Dr.	STATE   FEE   Fed
<u>District IV</u> - (505) 476-3460 1220 S St Francis Dr, Santa Fc, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	•	
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	11. 1 70-(11.1
PROPOSALS.)		Langle Jack Unit 8. Well Number
1. Type of Well: Oil Well ,	Gas Well Other Toyection	
2. Name of Operator  McDonold Operation	Tho	9. OGRID Number
3. Address of Operator	ng inc.	10. Pool name or Wildcat
505 N. Big Soring	Suite DOY Midland TX7970	* * * * * * * * * * * * * * * * * * * *
4. Well Location	sure sugarina and in	The same of the same
Unit Letter T	1980 feet from the 5 line and	660 feet from the E line
Section 20	Township 245 Range 37E	NMPM Lea County NM
	11. Elevation (Show whether DR, RKB, RT, GR, e	
12. Check A	Appropriate Box to Indicate Nature of Notic	e, Report or Other Data
NOTICE OF IN	ITENTION TO:	JBSEQUENT REPORT OF:
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OTHER:	$\square$ OTHER $N$ leted operations. (Clearly state all pertinent details,	and give pertinent dates uncluding estimated date
of starting any proposed wo	ork). SEE RULE 19.15.7.14 NMAC. For Multiple (	Completions: Attach wellbore diagram of
proposed completion or rec	ompletion	
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6-9-11 Performe	a MII TOU SO MIN.	riging .
Claric	is ad he Bidde Hill	
Chart S	igned by Buddy Hill.	
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Spud Date:	Rig Release Date:	
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I hereby certify that the information	above is true and complete to the best of my knowle	edge and belief.
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( · < NA )	M. ) I Am Provide to	DATE bolled
SIGNATURE Luy // . /	VICTORIE II WIGEN	DATE 6.16.11 PHONE: 432-682-3499
Type or print name ( I A . A M	, Manada E-mail address:	PHONE: 432-682-3499
For State Use Only		
		D. L. COLE
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		



	Office Submit I Copy To Appropriate District	State of New Mexico	Form C-103
ز	<u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Resou	
	1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONGERNATION BY WAY	WELL API NO. 30.025-11169
	811 S First St , Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION OF THE PROPERTY OF T	5. Indicate Type of Lease
	1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE   FEE   ted
	<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	87505	COEG AND DEPONDED ON MEY LO	
		CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
	DIFFERENT RESERVOIR USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Langlie Jack Unit
	PROPOSALS)  1. Type of Well: Oil Well	Gas Well Other Thjection	8. Well Number 14
	2. Name of Operator		9 OGRID Number
	McDonnold Open	ating Inc.	14372
	3. Address of Operator	Cile soil to it it	10. Pool name or Wildcat
	505 N. Big Spring	, Juste 204, Midland 1x	19701 Langiremattix 7 Nrs QUBB
	Unit Letter 0:	60 feet from the 5 line	and 1980 feet from the E line
	Section 20	Township 245 Range 37	
		11. Elevation (Show whether DR, RKB, RT,	GR, etc)
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	12. Check A	Appropriate Box to Indicate Nature of I	Notice, Report or Other Data
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	NOTICE OF IN PERFORM REMEDIAL WORK		SUBSEQUENT REPORT OF:  AL WORK   ALTERING CASING   ALTERING   ALTERING CASING   ALTERING CASING   ALTERING CASING   ALTERING   ALTERING CASING   ALTERING   ALTERING CASING   ALTERING CASING   ALTERING CASING   ALTERING   ALTERING CASING   ALTERING CASING   ALTERING CASING   ALTERIN
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]	hereby certify that the information	above is true and complete to the best of my k	nowledge and belief.
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:	SIGNATURE Lay // 1. /V	10) / TITLE MESIACA	DATE 6-16-11
	Type or print name <u>Chais</u> M	McDonnold E-mail address.	PHONE: 433.683.3499
	For State Use Only	The section of the se	
-		TITLE	DATE
	APPROVED BY:	11100	
	• • • • • • • • • • • • • • • • • • • •		



	Submit I Copy To Appropriate District Office	State of New Mexico	-	Form C-103
ĉ	District I - (575) 393-6161	Energy, Minerals and Natural I	Resources	October 13, 2009
	1625 N French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DI		WELL API NO. 30-025-11276
	811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis	1	5. Indicate Type of Lease
	1000 R10 Brazos Rd, Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		STATE   FEE   ted
	1220 S. St. Francis Dr , Santa Fe, NM	Suita 1 5, 14141 6 7 5 0 5		6. State Oil & Gas Lease No.
Г	87505 SUNDRY NOT	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BA	ACK TO A	
	DIFFERENT RESERVOIR USE "APPLI PROPOSALS)	CATION FOR PERMIT" (FORM C-101) FOR SU	СН	LangleJackUnit
L	1. Type of Well: Oil Well	Gas Well Other Mection	n l	8. Well Number
	2. Name of Operator			9. OGRID Number
F	3. Address of Operator	ting the.		10. Pool name or Wildcat
ĺ		wte 204 Mialand . Tx	I :	Langliemattix Irvrs ON GB
F	4. Well Location	_		
	Unit Letter A :	330 feet from the N		30 feet from the E line
1	Section 29	Township 245 Range		NMPM Lea County
		11. Elevation (Show whether DR, RK)	3, RT, GR, etc.)	
28		<u>a</u>		
	12. Check	Appropriate Box to Indicate Natur	e of Notice, R	eport or Other Data
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	NOTICE OF IN ☐ PERFORM REMEDIAL WORK	ITENTION TO:  PLUG AND ABANDON ☐ RE	SODS MEDIAL WORK	EQUENT REPORT OF:  ☐ ALTERING CASING ☐
	TEMPORARILY ABANDON	<del>_</del>	MMENCE DRILL	
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St	oud Date:	Rig Release Date:		
J,	July Date.		L	
Il	hereby certify that the information	above is true and complete to the best of	my knowledge	and belief.
	Call up			1
SI	GNATURE COMM. /V	CI TITLE Presid	lent	DATE 6-16-11
•	h h	McDonold E-mail address:		PHONE: 432-682-8499
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<u>District I</u> 1626 N French Dr , Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 R10 Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-144 CLEZ July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

## Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit X Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.			
Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances			
Operator McDonnold Operating Inc. OGRID#: 14372  Address: 505 N. Big Spring Stute 204 Mialand Tx 79701			
Address: 505 N. Big Spring Stute 204 Mialand Tx 79701			
Facility or well name: Langue Jack Unit #17			
API Number: 30-025-11276 OCD Permit Number:			
U/L or Qtr/Qtr A Section 29 Township 245 Range 3) E County: Lea			
Center of Proposed Design Latitude Longitude NAD 🔲 1927 🔲 1983			
Surface Owner.   Federal State  Tribal Trust or Indian Allotment			
Closed-loop System: Subsection H of 19.15.17.11 NMAC			
Operation. Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A			
Above Ground Steel Tanks or Haul-off Bins			
3. Signs: Subsection C of 19.15.17.11 NMAC			
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers			
☐ Signed in compliance with 19.15 3 103 NMAC			
4. Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC			
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are			
attached.  Design Plan - based upon the appropriate requirements of 19.15 17.11 NMAC			
Operating and Maintenance Plan - based upon the appropriate requirements of 19 15.17.12 NMAC			
Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15 17.9 NMAC and 19.15.17.13 NMAC  Previously Approved Design (attach copy of design)  API Number:			
Previously Approved Design (attach copy of design)  All Number.  API Number.			
5.			
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.			
Disposal Facility Name Disposal Facility Permit Number:			
Disposal Facility Name: Disposal Facility Permit Number			
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  Yes (If yes, please provide the information below) No			
Required for impacted areas which will not be used for future service and operations  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC			
6. Operator Application Certification:			
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.			
Name (Print):Title:			
Signature: Date			
e-mail address:Telephone:			

7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)			
OCD Representative Signature:	Approval Date:		
Title:	OCD Permit Number:		
Closure Report (required within 60 days of closure completion): Subsection K of 19 15.17.13 NMAC  Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.  Closure Completion Date:			
Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, drift two facilities were utilized. VACUUM TRUCKS - PRODUCT Disposal Facility Name Arapane Swd Disposal Facility Name: Basic Cherry  When the closed language are severed accounted acco	lling fluids and drill cuttings were disposed. Use attachment if more than  Lea water  Disposal Facility Permit Number:  Disposal Facility Permit Number:		
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?  Yes (If yes, please demonstrate compliance to the items below) No  Required for impacted areas which will not be used for future service and operations  Site Reclamation (Photo Documentation)  Soil Backfilling and Cover Installation  Re-vegetation Application Rates and Seeding Technique			
Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure is belief. I also certify that the closure complies with all applicable closure requirem Name (Print):  Signature:  e-mail address:	nents and conditions specified in the approved closure plan.		

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

# State of New Mexico Energy Minerals and Natural Resources Department

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-144 CLEZ July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

## <u>Closed-Loop System Permit or Closure Plan Application</u> (that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a

closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.  Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the			
environment Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances  1. Operator: McDonnold Doesating Inc. OGRID#: 14372  Address: 505 N. Big String Suite 204 Midland Tx 29701  Facility or well name. Langue Jack Unit #17  API Number: 30-025-11276 OCD Permit Number:  U/L or Qtr/Qtr A Section 29 Township 245 Range 37E County: Lea  Center of Proposed Design: Latitude Longitude NAD: 1927 1983  Surface Owner: Federal State Aprivate Tribal Trust or Indian Allotment			
2			
☐ Closed-loop System: Subsection H of 19 15.17 11 NMAC  Operation: ☐ Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A  ☐ Above Ground Steel Tanks or ☐ Haul-off Bins			
3.			
Signs: Subsection C of 19.15 17 11 NMAC			
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers			
Signed in compliance with 19.15.3.103 NMAC			
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC  Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.  Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC  Previously Approved Design (attach copy of design)  API Number:  Previously Approved Operating and Maintenance Plan API Number:			
Previously Approved Design (attach copy of design) API Number			
Previously Approved Design (attach copy of design)  API Number:  Previously Approved Operating and Maintenance Plan  API Number:  S.  Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Vacuum - Cucks - produced was estimated.			
Previously Approved Design (attach copy of design)  API Number:  Previously Approved Operating and Maintenance Plan  API Number:  S.  Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Vacuum fucks — produced water  Disposal Facility Name: Arabaee Sudd  Disposal Facility Permit Number.			
Previously Approved Design (attach copy of design)  API Number:  Previously Approved Operating and Maintenance Plan  API Number:  S.  Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Vacuum fucks — produced waster  Disposal Facility Name: Arapahoe Sud D Disposal Facility Permit Number.  Disposal Facility Name: Basic Energy Disposal Facility Permit Number:			
Previously Approved Design (attach copy of design)  API Number:  Previously Approved Operating and Maintenance Plan  API Number:  S.  Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Vacuum fucks — produced water  Disposal Facility Name: Arabaee Sudd  Disposal Facility Permit Number.			
Previously Approved Design (attach copy of design)  API Number:  Previously Approved Operating and Maintenance Plan  API Number:  S.  Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Vacuum + rucks - produced waster  Disposal Facility Name: Prapable Sud Disposal Facility Permit Number.  Disposal Facility Name: Basic Energy  Disposal Facility Permit Number:  Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?			
Previously Approved Design (attach copy of design)  API Number:  Sexual Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  Disposal Facility Name:  Disposal Facility Name:  Basic Energy  Disposal Facility Permit Number:  Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  Yes (If yes, please provide the information below)  No  Required for impacted areas which will not be used for future service and operations  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  Be-vegetation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC			
Previously Approved Design (attach copy of design)  API Number:  Service Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Vacuum Trucks—produced water  Disposal Facility Name: Prapa nee Sud D Disposal Facility Permit Number.  Disposal Facility Name: Basic Energy Disposal Facility Permit Number:  Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  Yes (If yes, please provide the information below) No  Required for impacted areas which will not be used for future service and operations  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC			
Previously Approved Design (attach copy of design)  API Number:  National Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Vacuum + Cucks - produced water  Disposal Facility Name: Basic Energy Disposal Facility Permit Number:  Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  Yes (If yes, please provide the information below) No  Required for impacted areas which will not be used for future service and operations  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection I of 19 15.17.13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC  Generator Application Certification:			
Previously Approved Design (attach copy of design)  API Number:  S.  Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19 15 17.13.D NMAC)  Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  Disposal Facility Name:  Disposal Facility Name:  Disposal Facility Name:  Disposal Facility Permit Number:  Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  Yes (If yes, please provide the information below)  No  Required for impacted areas which will not be used for future service and operations  Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC  Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19 15 17 13 NMAC  Hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.			

OCD Approval: Permit Application (including closure plan) Closure Plan (only)		
OCD Representative Signature:	Approval Date:	
Title:	OCD Permit Number:	
Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC  Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report.  The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.  Closure Completion Date:		
9. Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.		
Disposal Facility Name	Disposal Facility Permit Number	
Disposal Facility Name:	Disposal Facility Permit Number	
Were the closed-loop system operations and associated activities performed on or in areas that will not be used for future service and operations?  Yes (If yes, please demonstrate compliance to the items below) No		
Required for impacted areas which will not be used for future service and operations  Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique		
Operator Closure Certification:  I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan		
Name (Print):	Title:	
Signature: CMMCO	Date:	
e-mail address.	Telephone:	

Teresa Wright

From:

Dickey, Sylvia, EMNRD [sylvia.dickey@state.nm.us]

Sent:

Wednesday, June 01, 2011 11:54 AM

To: Cc: Swazo, Sonny, EMNRD Teresa@McDonnold.net

Subject:

FW: C-103s

Attachments:

Langlie Jack C103s pdf

Sonny;

Here are the charts with attached C103's for a few of the wells noted for hearing. They have not been approved. These are on Federal BLM land, which in fact should be on a S/Rept. 3160 - 5 (?). However, the state wants to handle, please let me know.

They are willing to retest and attempt compliance status on same wells, except well #4 API #30-025-11174 does need an AFE to P&A

Craig McDonnold should be in contact with you shortly.

SADickey Hobbs OCD

From: Teresa Wright [mailto:Teresa@McDonnold.net]

Sent: Wednesday, June 01, 2011 10:12 AM

**To:** Dickey, Sylvia, EMNRD **Subject:** FW: C-103s

From: Teresa Wright [mailto:Teresa@McDonnold.net]

Sent: Thursday, March 24, 2011 3:37 PM

To: 'elidiol.gonzales@state.nm.us'

Subject: C-103s

Mr. Gonzales,

Attached are the C-103s (and charts) that we discussed yesterday. I will put the originals in the mail today.

Thank you for your assistance.

Teresa Wright (432) 682-3499

McDonnold Operating, Inc.

Teresa@mcdonnold.net