

EX #1  
Teresa Wright

**From:** Teresa Wright [Teresa@McDonnold.net]  
**Sent:** 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](mailto:Teresa@mcdonnold.net)

C2

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. Notified 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

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**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](mailto:Teresa@mcdonnold.net)

Submit 1 Copy To Appropriate District Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave. Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11276</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>17</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Mattix, Trurs. QWGB</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 **Injection**

2. Name of Operator  
**McDonnold Operating, Inc.**

3. Address of Operator  
**505 N. Big Spring, Suite 204, Midland, TX 79701**

4. Well Location  
Unit Letter **A** : **330** feet from the **N** line and **330** feet from the **E** line  
Section **29** Township **24S** Range **37E** NMPM **Lea** County **NM**

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 ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

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 WH. Rel PKR. NU BOP. TOH w/ 2 3/8 tbg + PKR. RU Hydrostatic. PU 5 1/2 AD-1 PKR. Test tbg in hole @ 5000# above slips. Found 3 loose collars. Replace 2 jts 2 3/8 tbg. Pmp 30 bbls 2% Kcl w/ PKR fluid. TTH w/ PKR + tbg. ND BOP. Set PKR w/ 18 pts tension. NU WH. Load csg w/ PKR fluid. Press up on csg to 340#. Ran 30 min. chart. Test good. RD mo. Charts approved by OCD.

Spud Date:

Rig Release Date:

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

SIGNATURE

**Craig M. McDonnold** TITLE **President**

DATE **3-24-11**

Type or print name

**Craig M. McDonnold**

E-mail address:

PHONE: **432-682-3499**

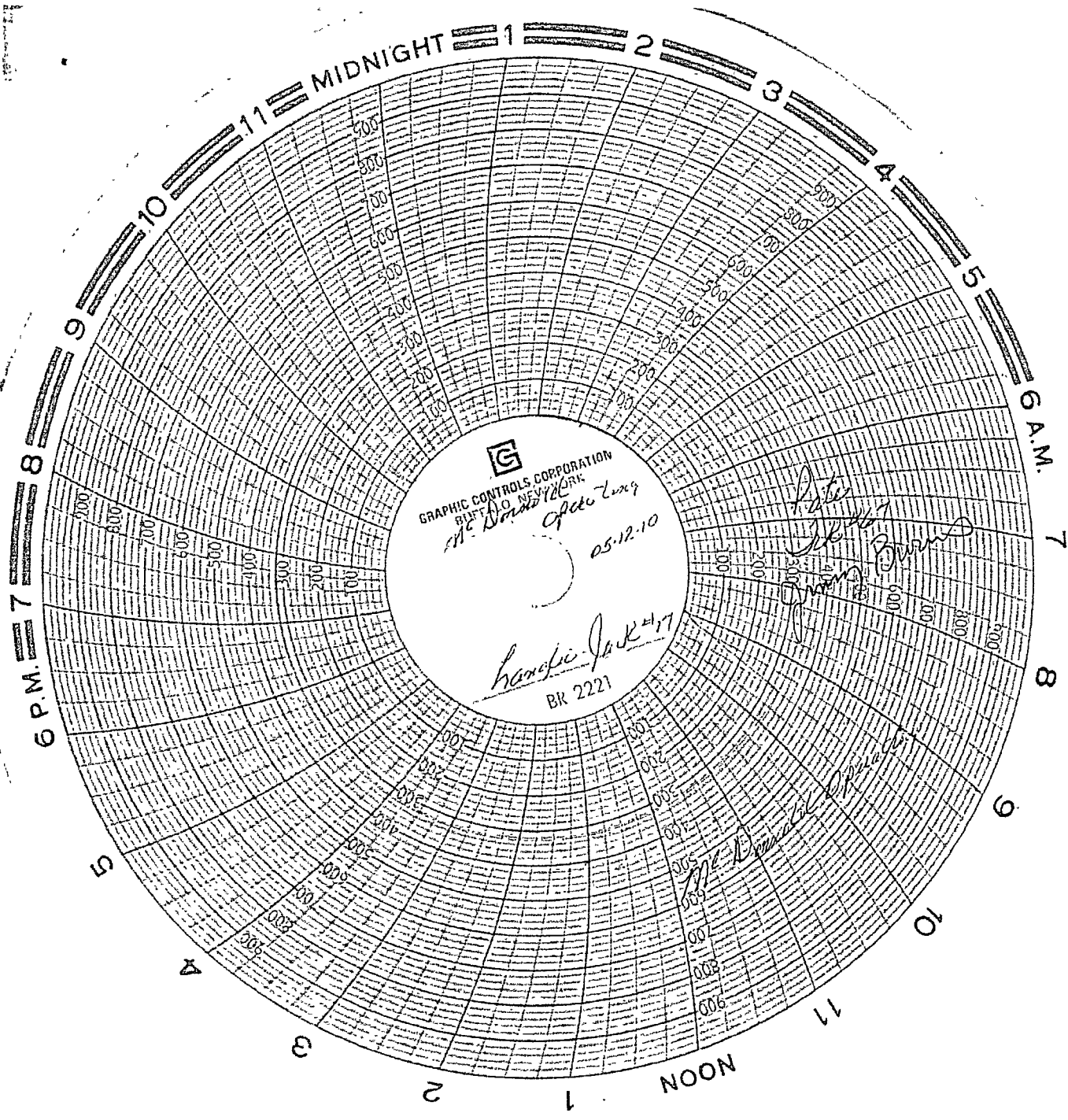
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APPROVED BY:

TITLE

DATE

Conditions of Approval (if any)



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87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11154</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>12</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie matrix, Trurs, ON 68</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**SUNDRY NOTICES AND REPORTS ON WELLS**  
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1. Type of Well: Oil Well ☐ Gas Well ☐ Other **Injection**

2. Name of Operator  
**McDonnold Operating, Inc.**

3. Address of Operator  
**505 N. Big Spring, Suite 204 Midland Tx 79701**

4. Well Location  
Unit Letter **I** **1980** feet from the **S** line and **660** feet from the **E** line  
Section **20** Township **24S** Range **37E** NMPM **Lea** County **NM**

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 checked="" 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"/>			
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 19.15.7.14 NMAC. For Multiple Completions. Attach wellbore diagram of proposed completion or recompletion.

MIRU Basic WS. ND WH. PU tbg. Found 2 3/8 x 6' subj. NU WH.  
Run test on csg. Fluid level @ surf. Run chart 30 mins. Press test  
530#. Test good. RDmo

Spud Date:

Rig Release Date

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

SIGNATURE

**C. M. McDonnold** TITLE **President**

DATE **3-24-11**

Type or print name

**Craig M. McDonnold**

E-mail address:

PHONE: **432-682-3499**

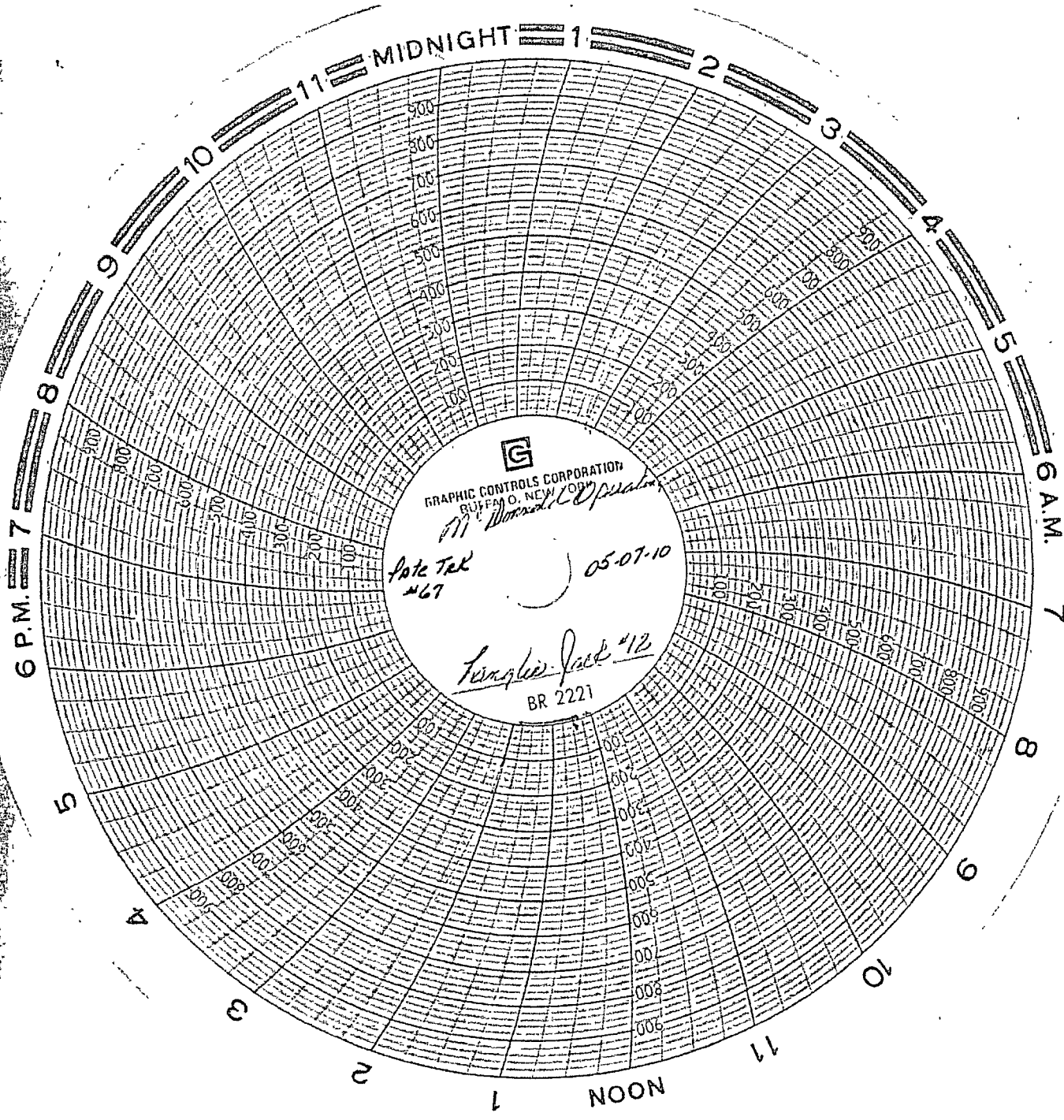
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APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



**G**  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

*Pat. Tek*  
*#67*

*05-07-10*

*Frequency Scale #12*  
BR 2221

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District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO <b>30-025-11169</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>Fed</b>
6. State Oil & Gas Lease No
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>14</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Matrix, Trurs. QN, GB</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>Injection</b>
2. Name of Operator <b>McDonnold Operating, Inc.</b>
3. Address of Operator <b>505 N. Big Spring, Suite 204, Midland, TX 79701</b>
4. Well Location Unit Letter <b>O</b> <b>660</b> feet from the <b>S</b> line and <b>1980</b> feet from the <b>E</b> line Section <b>20</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>Lea</b> County <b>NM</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 checked="" 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"/>			
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 19 15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIRU Basic WS. ND WH. Rel PKR. NU BOP. TOOH w/ Aeroset PKR  
And send in to R&R. RU tbg testers and test in hole open ended  
to 3000' above slips. Test good. TOH w/ tbg. PU Aeroset PKR.  
TIH w/ 103 jts 2 3/8 PC tbg. PKR @ 3224'. ND BOP. Set PKR w/ 18 pts.  
tension. NU WH. Load csg w/ 16 bbls 2% KCL w/ PKR fluid. TOH w/  
20 stands to loose collar. Replace collar. TIH w/ tbg. Set PKR w/ 16 pts  
tension. Load tbg w/ 1/2 bbl 2% KCL. Press test to 415# & charted.  
Test good. RDMO. Charts approved by OCD.

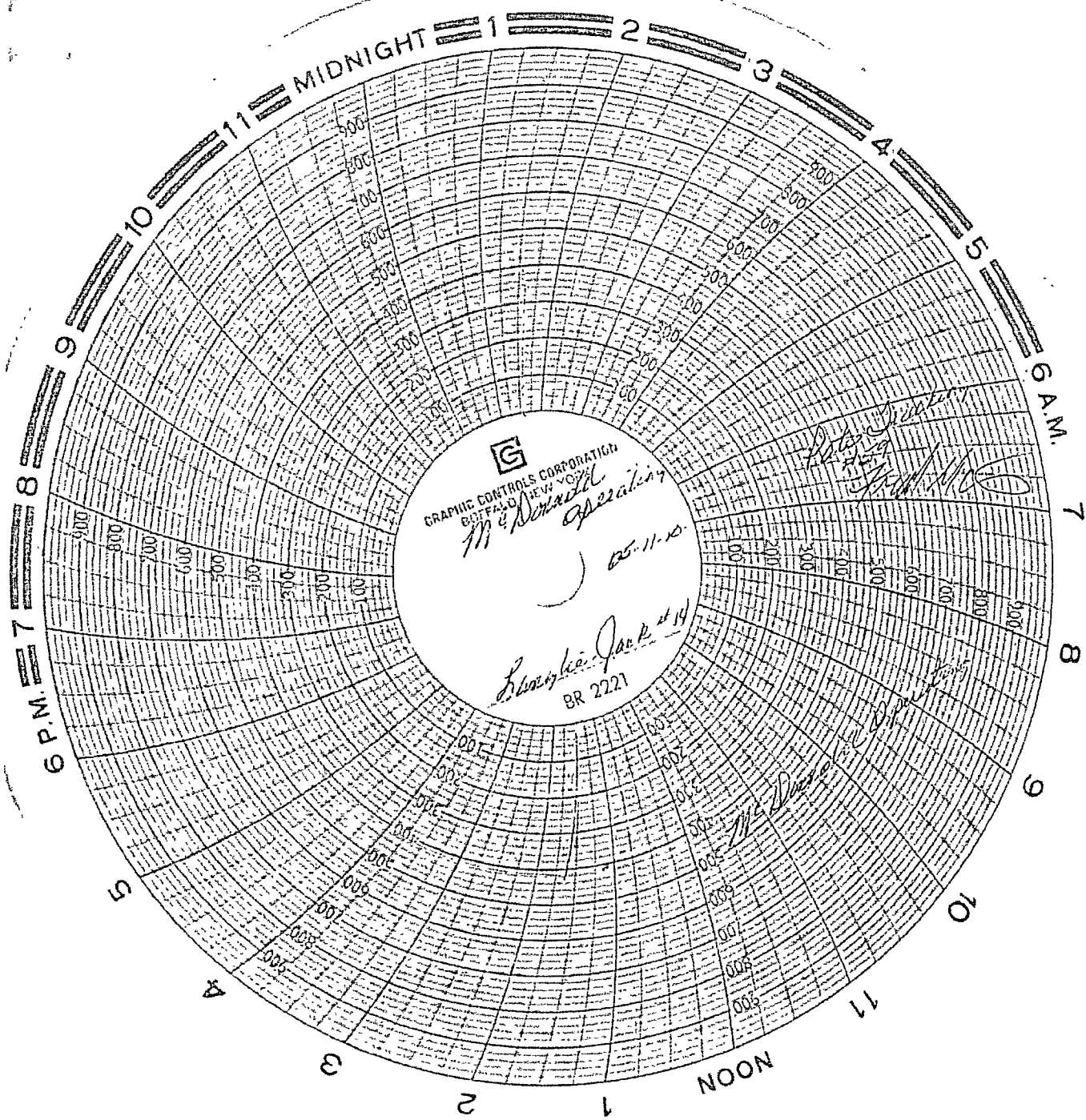
Spud Date:

Rig Release Date:

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

SIGNATURE Craig M. McDonnold TITLE President DATE 3-24-11  
Type or print name Craig M. McDonnold E-mail address: \_\_\_\_\_ PHONE: 432-682-3499  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_



Submit 1 Copy To Appropriate District Office  
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1301 W Grand Ave., Artesia, NM 88210  
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1000 Rio Brazos Rd., Aztec, NM 87410  
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State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11174</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>4</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Matrix, Trvers QN.6B</b>

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>Injection</b>	
2. Name of Operator <b>McDonnold Operating, Inc.</b>	
3. Address of Operator <b>505 N. Big Spring, Suite 204 Midland Tx 79701</b>	
4. Well Location Unit Letter <b>B</b> : <b>660</b> feet from the <b>N</b> line and <b>1980</b> feet from the <b>E</b> line Section <b>20</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>Lea</b> County <b>NM</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>			
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 19.15.7 14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIRU Basic WS. ND WH. Rel PKR. NU BOP. TOH w/ 2 3/8 tbg and 7" AD-1 PKR. Test tbg in hole @ 5000# above slips. Test OK. Pmp 50 bbls 2% KCL w/ PKR fluid w/ no circ. ND BOP. Set PKR @ 3238' w/ 18 pts. tens. NU WH. Tbg count 104 jts 2 3/8. PKR 7" AD-1 20-26#. Pmp 95 bbls 2% KCL w/ PKR fluid. Unable to Chart. Bled air off CSG. Pmp 50 bbls 2% KCL w/ PKR fluid to load to surface - Would not test. Possible CSG leak. RD.

Spud Date:

Rig Release Date:

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

SIGNATURE

**G. M. McDonnold** TITLE **President**

DATE **3-24-11**

Type or print name  
For State Use Only

**Graig M. McDonnold**

E-mail address:

PHONE: **432-682-3499**

APPROVED BY:

TITLE

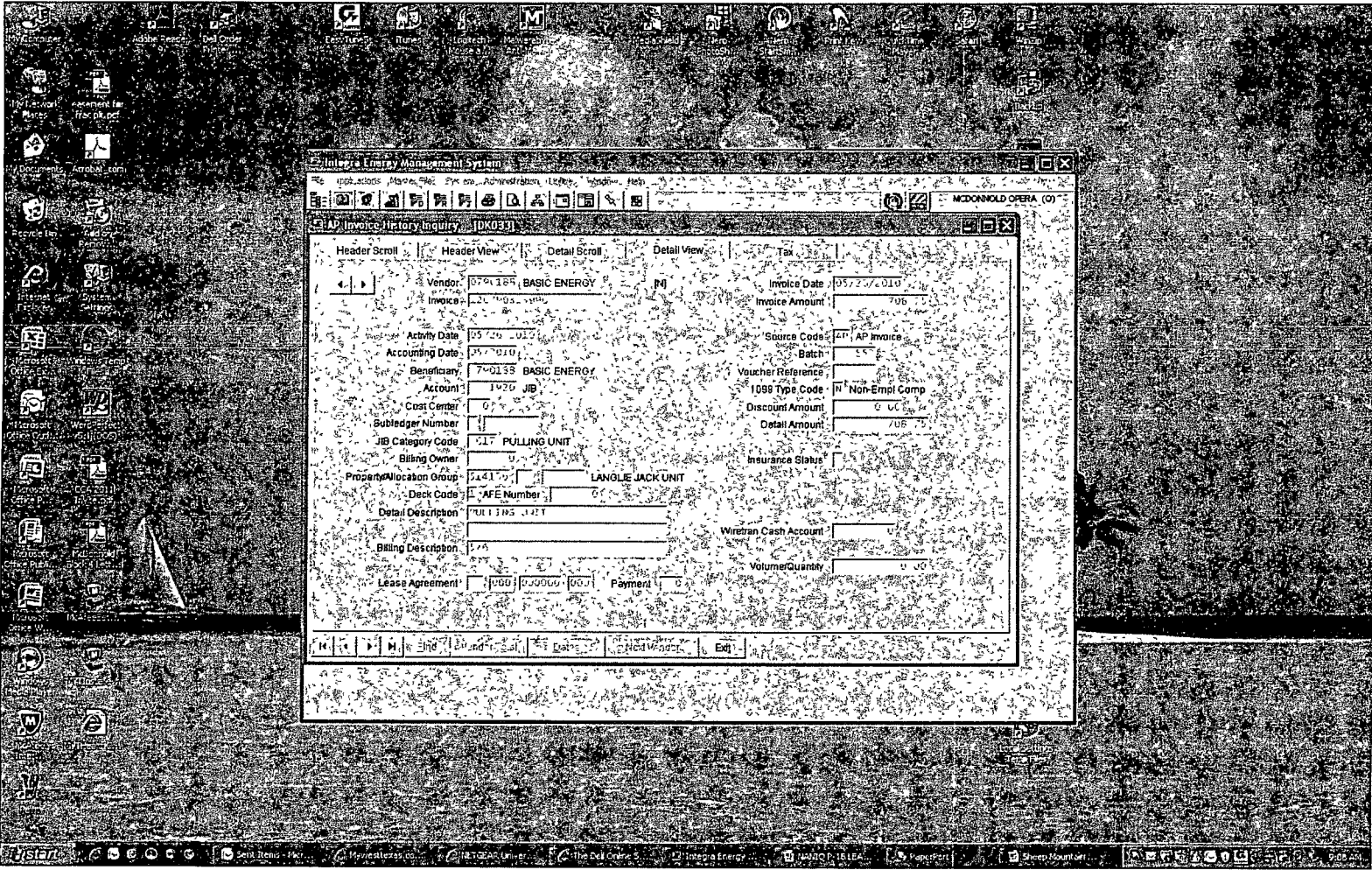
DATE

Conditions of Approval (if any):

The screenshot shows a Windows XP desktop. The Start menu is open, displaying a list of programs and folders. The taskbar at the bottom includes the Start button, taskbar buttons for Internet Explorer and Outlook Express, and the system tray with the clock showing 11:58 AM on 11/11/2005.

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State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11276</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>17</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Mattix, Trurs. QNGB</b>
11. Elevation (Show whether DR RKB, RT, GR, etc.)

**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 **Injection**

2. Name of Operator  
**McDonnold Operating, Inc.**

3. Address of Operator  
**505 N. Big Spring, Suite 204, Midland, TX 79701**

4. Well Location  
Unit Letter **A** **330** feet from the **N** line and **330** feet from the **E** line  
Section **29** Township **24S** Range **37E** NMPM **Lea** County **NM**

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

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

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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>			
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 19 15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion

MIRU Basic WS. ND WH. Rel PKR. NU BOP. TOH w/ 2 3/8 tbg & PKR. RU Hydrostatic. PU 5 1/2 AD-1 PKR. Test tbg in hole @ 5000# above slips. Found 3 loose collars. Replace 2 jts 2 3/8 tbg. Pmp 30 bbls 2% KCl w/ PKR fluid. TTH w/ PKR & tbg. ND BOP. Set PKR w/ 18 pts tension. NU WH. Load csg w/ PKR fluid. Press up on csg to 340#. Ran 30 min. chart. Test good. RD mo. Charts approved by OCD.

Spud Date:

Rig Release Date

dates top parts PKR depth 24 hrs notice

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

SIGNATURE

**Craig M. McDonold** TITLE **President**

DATE

**3-24-11**

Type or print name  
For State Use Only

**Craig M. McDonold**

E-mail address.

PHONE

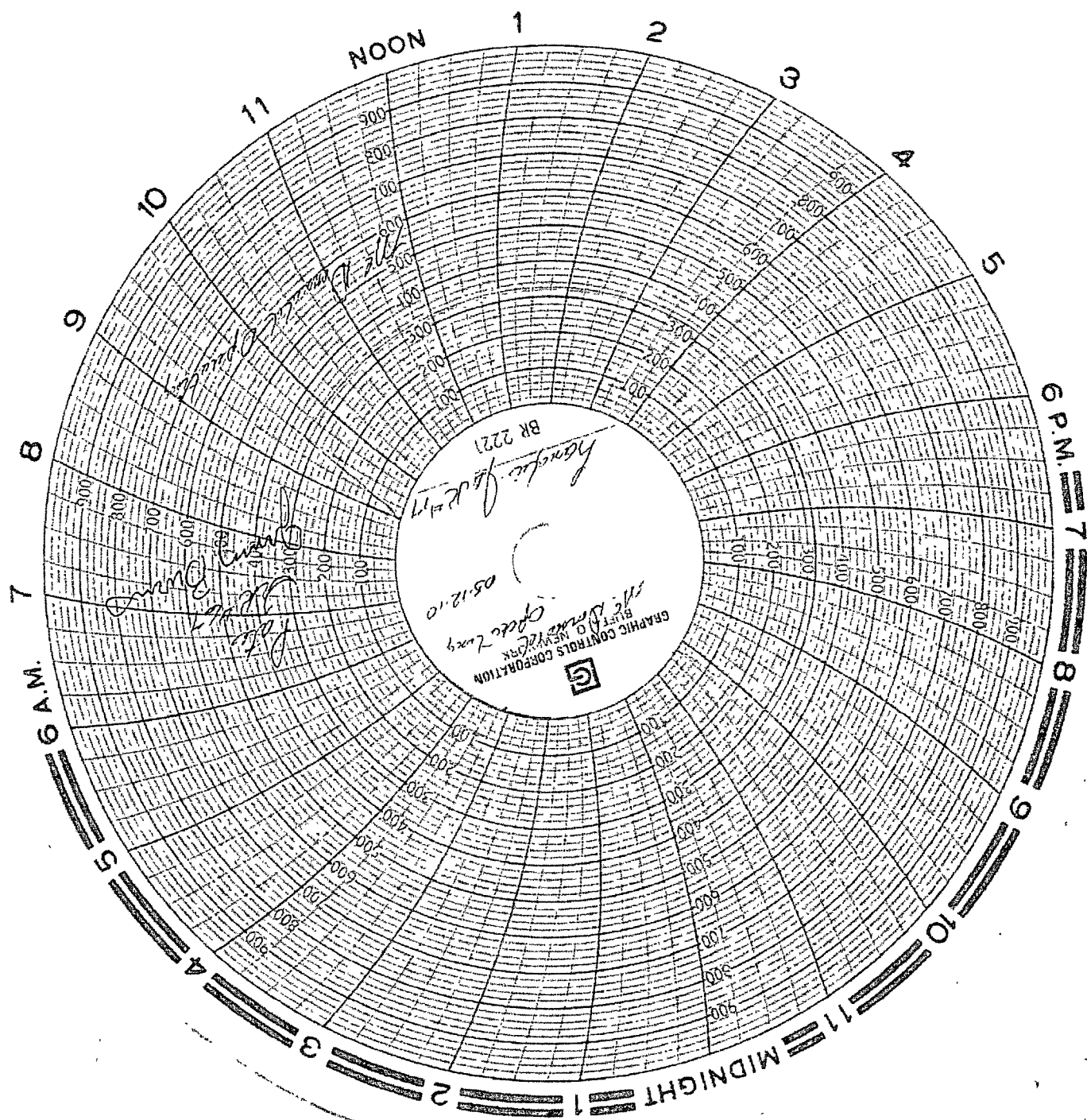
**732-682-3499**

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TITLE

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Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11174</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>4</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Mattix, Trvrs QNGB</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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)	
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2. Name of Operator <b>McDonnold Operating, Inc.</b>	
3. Address of Operator <b>505 N. Big Spring Suite 204 Midland Tx 79701</b>	
4. Well Location Unit Letter <b>B</b> <b>660</b> feet from the <b>N</b> line and <b>1980</b> feet from the <b>E</b> line Section <b>20</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>Lea</b> County <b>Nm</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER ☐

OTHER ☐

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

SIGNATURE

**G. M. McDonnold** President

DATE **3-24-11**

Type or print name

**Graig M. McDonnold**

E-mail address:

PHONE: **432-682-3499**

For State Use Only

APPROVED BY

TITLE

DATE

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11154</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>	
8. Well Number <b>12</b>	
9. OGRID Number <b>14372</b>	
10. Pool name or Wildcat <b>Langlie Mathis, Truss, OUEB</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 **Injection**

2. Name of Operator  
**McDonnold Operating, Inc.**

3. Address of Operator  
**505 N. Big Spring Suite 204 Midland Tx 79701**

4. Well Location  
Unit Letter **I** **1980** feet from the **S** line and **660** feet from the **E** line  
Section **20** Township **24S** Range **37E** NMPM **Lea** County **NM**

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 checked="" 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"/>			
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIRU Basic WS. ND WH. PU tbg. Found 2 3/8 x 6' sub jt. NU WH.  
Run test on csg. Fluid level @ Surf. Run chart 30 mins. Press test  
530#. Test good. RDMO

Spud Date:

Rig Release Date:

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

SIGNATURE

**C. M. McDonnold** TITLE **President**

DATE **3-24-11**

Type or print name

**Craig M. McDonnold**

E-mail address.

PHONE: **432-682-3499**

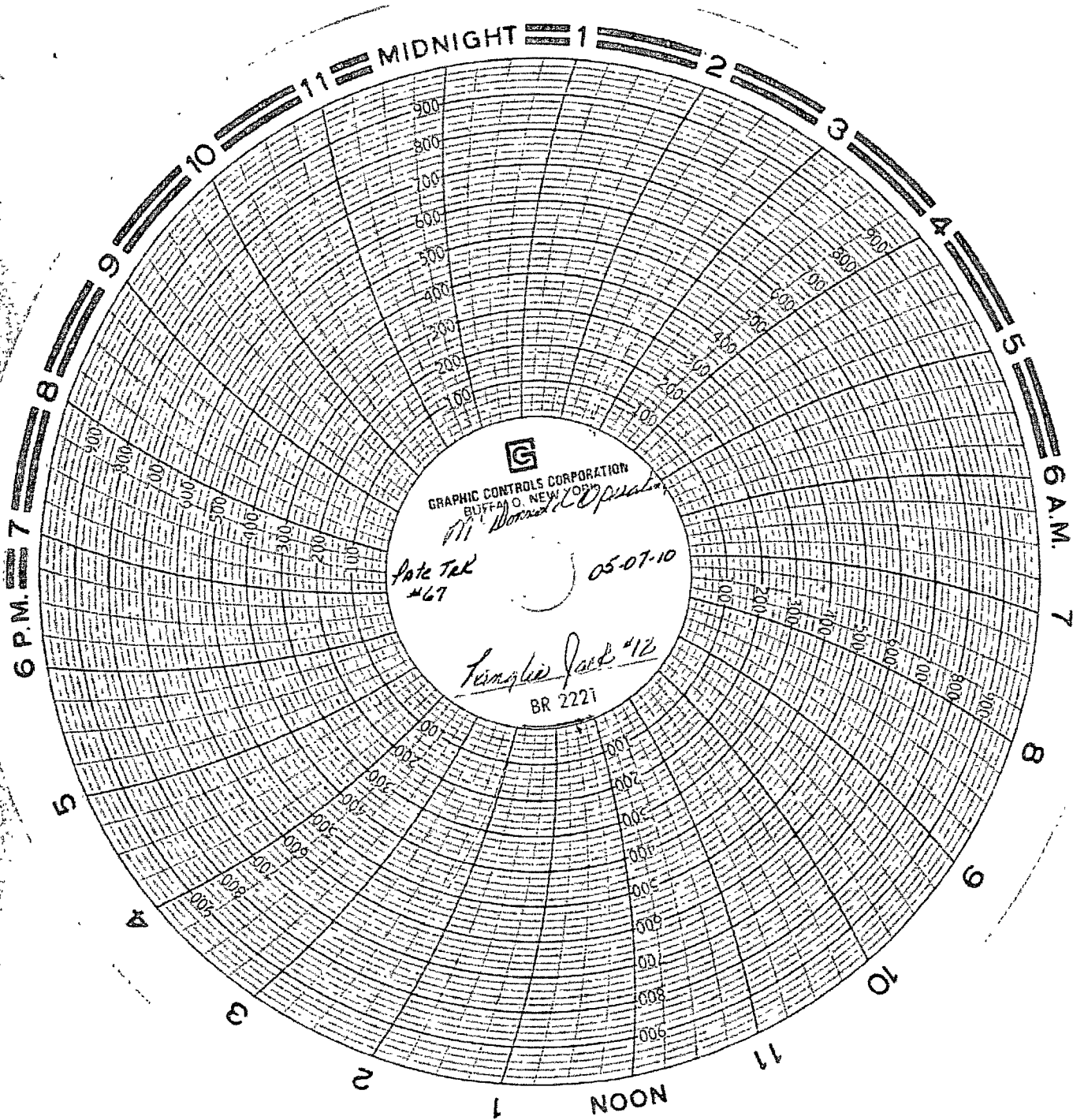
For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



Submit 1 Copy To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO <b>30-025-11169</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FFE <input type="checkbox"/> <b>Fed</b>
6. State Oil & Gas Lease No
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>14</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Matrix, Trurs. ON, GS</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>Injection</b>	
2. Name of Operator <b>McDonnold Operating, Inc.</b>	
3. Address of Operator <b>505 N. Big Spring Suite 204 Midland Tx 79701</b>	
4. Well Location Unit Letter <b>O</b> <b>660</b> feet from the <b>S</b> line and <b>1980</b> feet from the <b>E</b> line Section <b>20</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>Lea</b> County <b>NM</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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. ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER ☐

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 WH. Rel PKR. NU BOP. TOOH w/ Aeroset PKR  
And send in to R&R. RU tbg testers and test in hole open ended  
to 3000' above slips. Test good. TOH w/ tbg. PU Aeroset PKR.  
TIH w/ 103 jts 2 3/8 PC tbg. PKR @ 3224'. ND BOP. Set PKR w/ 18 pts.  
tension. NU WH. Load csg w/ 16 bbls 2% KCL w/ PKR fluid. TOH w/  
20 stands to loose collar. Replace collar. TIH w/ tbg. Set PKR w/ 16 pts  
tension. Load tbg w/ 1/2 bbl 2% KCL. Press test to 415# & charted.  
Test good. RDMO. Charts approved by OCS.

Spud Date:

Rig Release Date

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

SIGNATURE

**Craig M. McDonnold**

TITLE **President**

DATE **3-24-11**

Type or print name

**Craig M. McDonnold**

E-mail address:

PHONE: **432-682-3459**

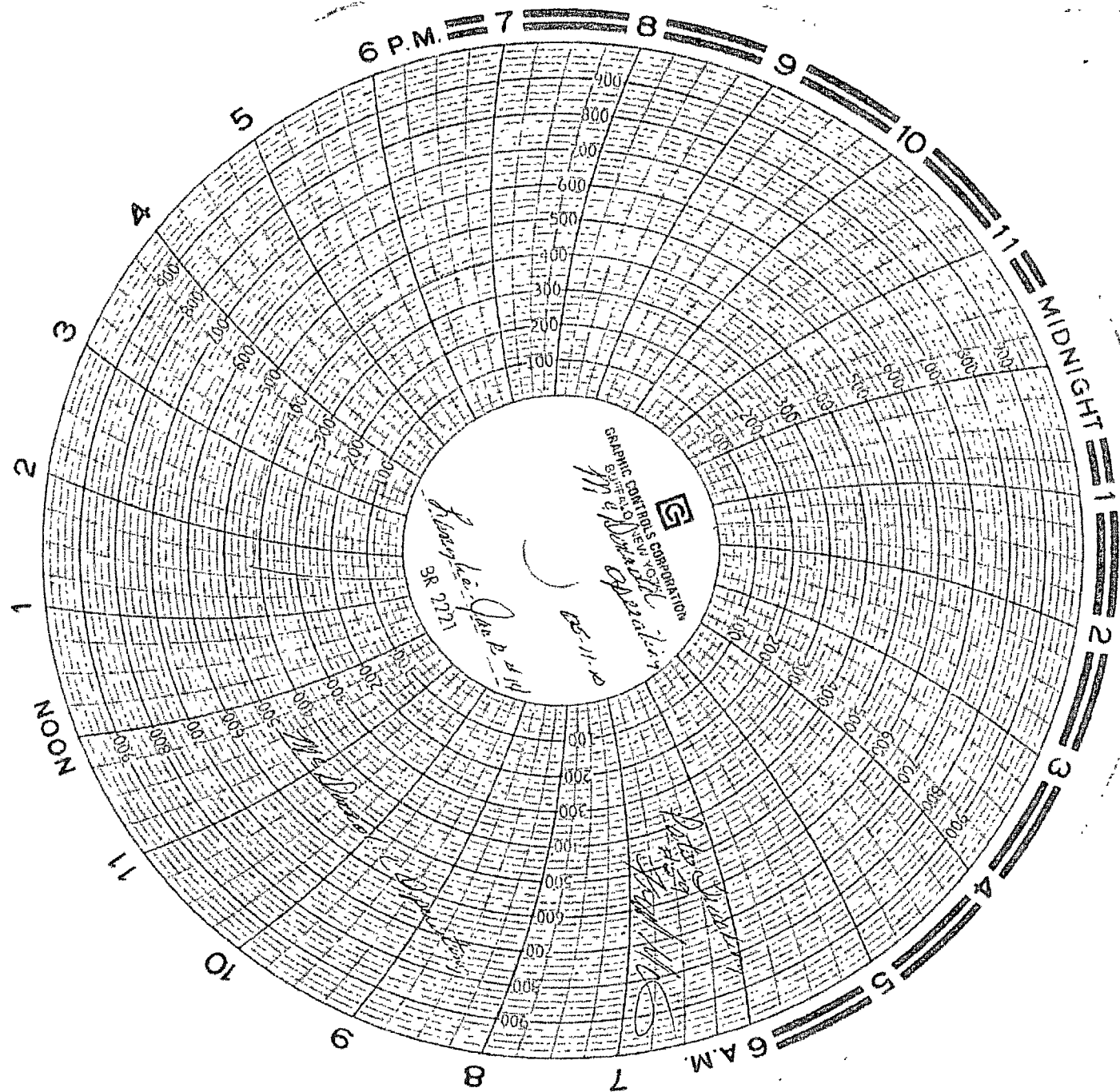
For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



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  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11169</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>14</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Mattix Trurs QW 6B</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 **Injection**

2. Name of Operator  
**McDonnold Operating Inc.**

3. Address of Operator  
**505 N. Big Spring Suite 204 Midland TX 79701**

4. Well Location  
Unit Letter **O** : **660** feet from the **S** line and **1980** feet from the **E** line  
Section **20** Township **24S** Range **37E** NMPM **Lea** County **NM**

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 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"/>			

OTHER: **MIT** ☒ 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.

**Perform MIT. 24 hrs. notice will be given prior to test.**

Spud Date:

Rig Release Date:

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

SIGNATURE **Craig M. McDonnold** TITLE **President** DATE **6-6-11**  
Type or print name **Craig M. McDonnold** E-mail address: \_\_\_\_\_ PHONE **432-682-3498**  
For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_

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  
1220 S St. Francis Dr, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11154</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>Fed</b>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>12</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Mattix, vrrs. QN GB</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>Injection</b>
2. Name of Operator <b>McDonnold Operating Inc.</b>
3. Address of Operator <b>505 N. Big Spring, Suite 204, Midland Tx 79701</b>
4. Well Location Unit Letter <b>I</b> : <b>1980</b> feet from the <b>S</b> line and <b>660</b> feet from the <b>E</b> line Section <b>20</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>Lea</b> County <b>NM</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 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"/>			
OTHER: <b>MIT</b> <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**Perform MIT. 24 hrs. notice will be given prior to test.**

Spud Date:

Rig Release Date:

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

SIGNATURE

**G. M. McDonnold**

TITLE

**President**

DATE

**6-6-11**

Type or print name

**Traig M. McDonnold**

E-mail address:

PHONE:

**432-682-3499**

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

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  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11276</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>Fed</b>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>17</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie Mathis Trvs QNGB</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 **Injection**

2. Name of Operator  
**McDonnold Operating Inc.**

3. Address of Operator  
**505 N. Big Spring Suite 204 Midland Tx 79701**

4. Well Location  
Unit Letter **A** : **330** feet from the **N** line and **330** feet from the **E** line  
Section **29** Township **24S** Range **37E** NMPM **Lea** County **NM**

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

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 ☐  
DOWNHOLE COMMINGLE ☐

OTHER **MIT** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ 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.

**Perform MIT. 24 hrs. notice will be given prior to test.**

Spud Date:

Rig Release Date:

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

SIGNATURE **Craig M. McDonnold** TITLE **President** DATE **6-6-11**

Type or print name **Craig M. McDonnold** E-mail address: PHONE: **432-682-3498**

For State Use Only

APPROVED BY: TITLE DATE

Conditions of Approval (if any):

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  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11154</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>Fed</b>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>12</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie matrix Trvs QNEB</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc)

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 **Injection**

2. Name of Operator  
**McDonnold Operating Inc.**

3. Address of Operator  
**505 W. Big Spring Suite 204 Midland TX 79701**

4. Well Location  
Unit Letter **I** **1980** feet from the **S** line and **660** feet from the **E** line  
Section **20** Township **24S** Range **37E** NMPM **Lea** County **NM**

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

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 ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER **MIT** ☒

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

**6-9-11 Performed MIT for 35 mins. Pressure held @ 340#.**  
**Chart Signed by Buddy Hill.**

Spud Date:

Rig Release Date:

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

SIGNATURE

**Craig M. McDonnold** TITLE **President**

DATE **6-16-11**

Type or print name

**Craig M. McDonnold**

E-mail address:

PHONE: **432-682-3499**

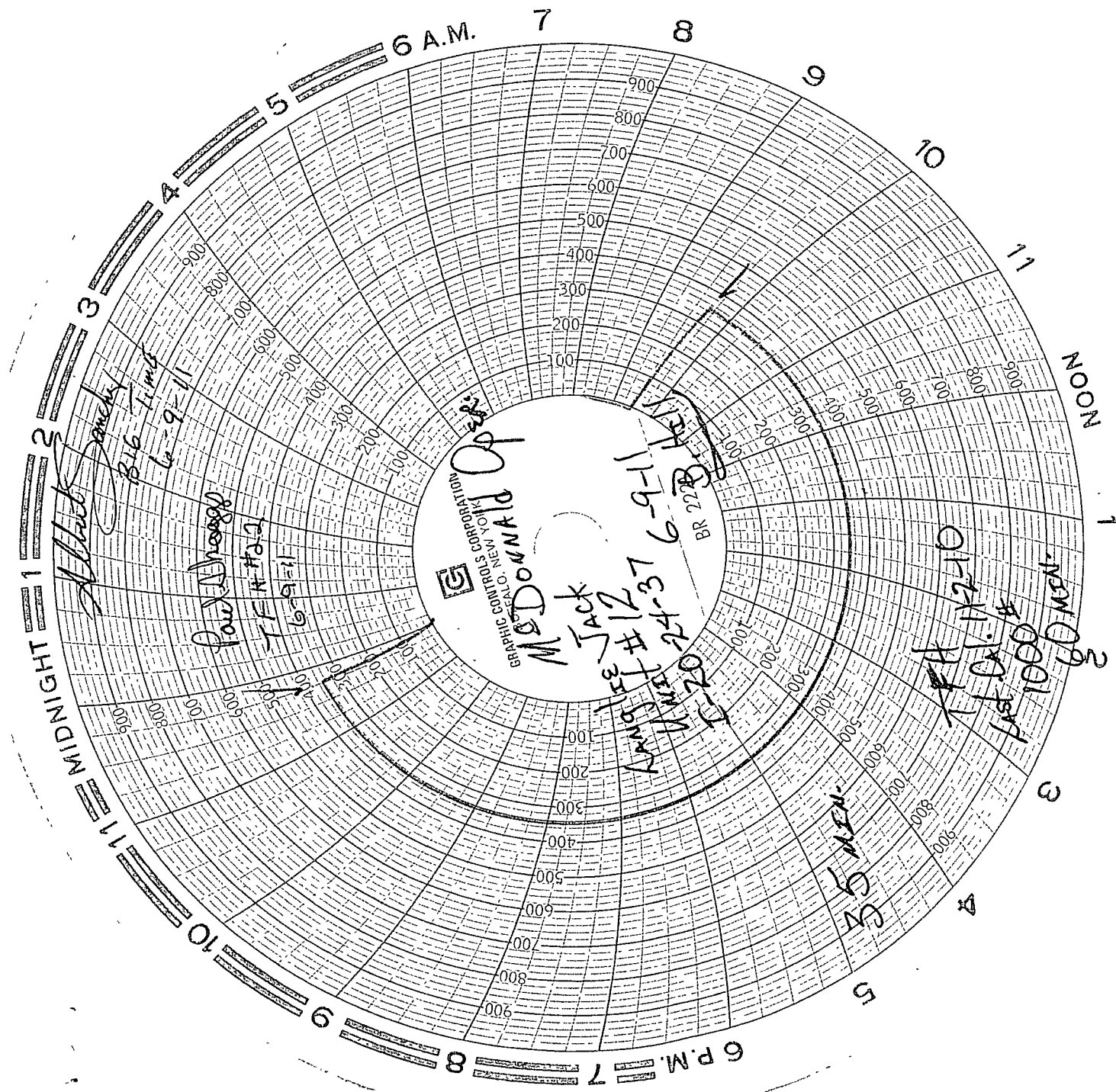
For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



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  
1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11169</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>Fed</b>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>14</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langliemattix 7 Mrs QUGB</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc )

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 **Injection**

2. Name of Operator  
**McDonnold Operating Inc.**

3. Address of Operator  
**505 N. Big Spring Suite 204, Midland Tx 79701**

4. Well Location  
Unit Letter **0** : **660** feet from the **S** line and **1980** feet from the **E** line  
Section **20** Township **24S** Range **37E** NMPM **Lee** County **NM**

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 ☐  
DOWNHOLE COMMINGLE ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ 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.

**6-9-11 Perform MIT. Pressure @ 370# for 30 mins.  
Chart signed by Buddy Hill.**

Spud Date.

Rig Release Date:

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

SIGNATURE

**Craig M. McDonnold** TITLE **President**

DATE **6-16-11**

Type or print name

**Craig M. McDonnold** E-mail address.

PHONE: **432-682-3499**

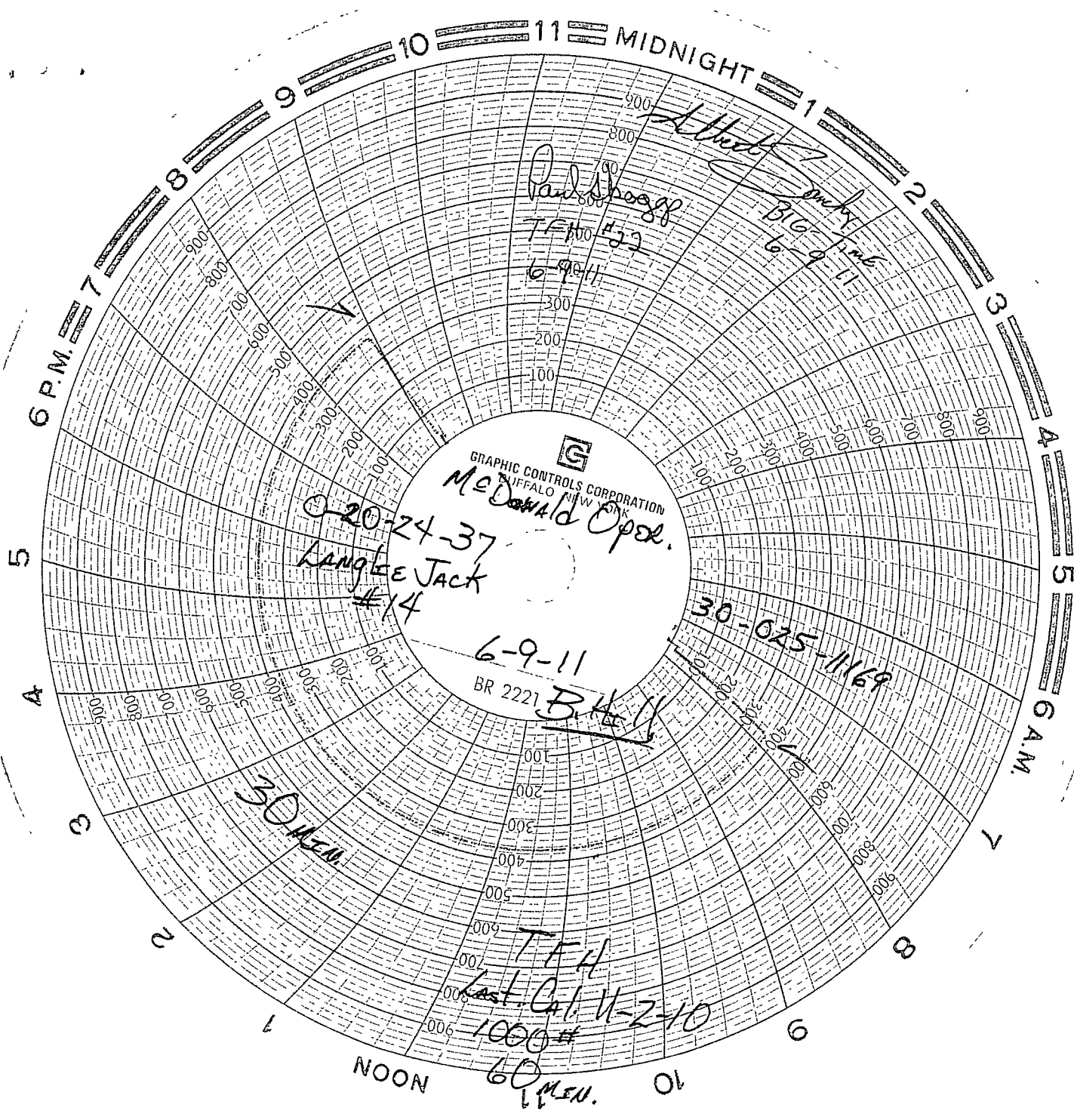
For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any)



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  
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1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. <b>30-025-11276</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>Fed</b>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jack Unit</b>
8. Well Number <b>17</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Langlie matrix 7 rurs ON 6B</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 **Injection**

2. Name of Operator  
**McDonnold Operating Inc.**

3. Address of Operator  
**505 N. Big Spring, Suite 204, Midland, Tx 79701**

4. Well Location  
Unit Letter **A** : **330** feet from the **N** line and **330** feet from the **E** line  
Section **29** Township **24S** Range **37E** NMPM **Lea** County

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

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 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"/>			

OTHER: **MIT** ☒ 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.

**perform MIT on 6-20-11 @ 8:30 a.m.**

Spud Date:  Rig Release Date:

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

SIGNATURE **C. M. McDonnold** TITLE **President** DATE **6-16-11**  
Type or print name **Craig M. McDonnold** E-mail address:  PHONE: **432-682-3499**  
**For State Use Only**

APPROVED BY:  TITLE  DATE   
Conditions of Approval (if any):

District I  
1626 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 NMOC 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 ☒ 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.

1.  
Operator: McDonnold Operating Inc. OGRID #: 14372  
Address: 505 N. Big Spring Suite 204 Midland Tx 79701  
Facility or well name: Langlie Jack Unit #17  
API Number: 30-025-11276 OCD Permit Number: \_\_\_\_\_  
U/L or Qtr/Qtr A Section 29 Township 24S Range 37E County: Lea  
Center of Proposed Design Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD ☐ 1927 ☐ 1983  
Surface Owner: ☐ Federal ☐ State ☒ Private ☐ 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

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 Operating and Maintenance Plan 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 identify 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: C. M. McDaniel 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: \_\_\_\_\_

8. **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 identify 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: Vacuum Trucks - produced water Disposal Facility Permit Number: \_\_\_\_\_

Disposal Facility Name: Arapahoe SWD 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

10. **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): Craig M. McDonald Title: President

Signature: C. M. McDonald Date: 6-16-11

e-mail address: \_\_\_\_\_ Telephone: 432-682-3499

## 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.

**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 ☐ 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.

1. Operator: McDonnold Operating Inc. OGRID #: 14372  
 Address: 505 N. Big Spring, Suite 204, Midland Tx 79701  
 Facility or well name: Langlie Jack Unit #17  
 API Number: 30-025-11276 OCD Permit Number: \_\_\_\_\_  
 U/L or Qtr/Qtr A Section 29 Township 24S Range 37E County: Lea  
 Center of Proposed Design: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ NAD: ☐ 1927 ☐ 1983  
 Surface Owner: ☐ Federal ☐ State ☒ Private ☐ 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

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 Operating and Maintenance Plan 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 identify 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: Arapahoe SWD 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 I of 19.15.17.13 NMAC  
☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

**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): Craig M. McDonnold Title: President  
 Signature: C. M. McDonnold Date: 6-16-11  
 e-mail address: \_\_\_\_\_ Telephone: 432-682-3499

7. **OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Title: \_\_\_\_\_ OCD Permit Number: \_\_\_\_\_

8. **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 identify 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

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10. **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:  \_\_\_\_\_ Date: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**From:** Dickey, Sylvia, EMNRD [sylvia.dickey@state.nm.us]  
**Sent:** Wednesday, June 01, 2011 11:54 AM  
**To:** Swazo, Sonny, EMNRD  
**Cc:** 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

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**From:** Teresa Wright [mailto:Teresa@McDonnold.net]  
**Sent:** Wednesday, June 01, 2011 10:12 AM  
**To:** Dickey, Sylvia, EMNRD  
**Subject:** FW: C-103s

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**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](mailto:Teresa@mcdonnold.net)