

Submit 3 Copies 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
May 27, 2004

OIL CONSERVATION DIVISION
RECEIVED
1220 South St. Francis Dr.
Santa Fe, NM 87505
MAR 04 2005
OCD-ARTESIA

WELL API NO. 30-015-33907
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EKG Fee
8. Well Number #1
9. OGRID Number 217955
10. Pool name or Wildcat Wildcat; Morrow (Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3049 GL
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
OGX Resources, LLC

3. Address of Operator
P.O. Box 2064; Midland, Texas 79702

4. Well Location
Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 29 Township 24S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3049 GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2/8/05 Spudded well @ 5:00pm.

2/10/05 Set 13-3/8" J55 48# casing @ 650'. Cementing Lead - 450 sacks Light Premium Plus 2% Calcium Chloride. Cementing Tail - 250 sacks Premium Plus 2% Calcium Chloride. Circulated 226 sacks to reserve pit. WOC 49.5 hrs. Tested casing to 1000 psi. Tested Ok.

2/17/05 Set 9-5/8" J55 36# casing @ 2,490'. Cementing Lead - 550 sacks Interfill "C" w/ additives. Cementing Tail - 200 sacks Premium Plus with 2% Calcium Chloride. Circulated 122 sacks to reserve pit. WOC 62 hrs. Tested casing to 1500 psi. Tested Ok.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Lindsay Truesdell TITLE Consultant DATE March 3, 2005

Type or print name Lindsay Truesdell E-mail address: lindsay@rkford.com Telephone No. 432-682-0440

For State Use Only

FOR RECORDS ONLY

MAR 07 2005

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):