

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

WELL API NO.	0-015-03818
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E5131
7. Lease Name or Unit Agreement Name:	West Henshaw Premier Unit
8. Well No. 1	
9. OGRID Number	230757
10. Pool name or Wildcat	Henshaw Grayburg

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-100) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator	Nordstrand Engineering Inc.
3. Address of Operator	3229D'Amico St. #200, Houston, TX. 77019
4. Well Location	Unit Letter L : 1980 feet from the N line and 660 feet from the W line Section 2 Township 16S Range 30E NMPM County Eddy, NM

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

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:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input checked="" type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	P AND A	<input checked="" type="checkbox"/>
CASING/CEMENT JOB	<input type="checkbox"/>		

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/09/06 Move in plugging rig and equipment. Lay down rods.

11/10/06 POH w. tbg. RIH w/ wireline and tag fish @ 2800'.

11/13/06 Pick up tbg. GIH to 2800'. Circ. hole with mud laden fluid. Spot 5 sx cmt plug WOC. Tag plug @ 2675. POH w/ tbg.

11/14/06 Pressure up on 2 7/8 csg. Held 500 psi. Perf 2 7/8 csg @ 2200. Pressure up on csg. to 800 psi. RIH w 1 1/2 tbg. to 2200.

Spot 5 sx cmt. WOC. Tag plug @ 2130. POH. SDFN.

11/15/06 Pull stretch on 2 7/8 csg. RIH w/ cutter to 1500'. Cut csg. Work csg. Pressure up on csg. Held 900 psi. Perf. 2 7/8 csg @ 600'. Tbg. parted @ 600'. Spot 55 sx cmt. @ 600'. WOC. Tag plug @ 435. Spot 15 sx from 60' to surface. Rig down. Cut off wellhead. Install dryhole marker.

**Plugging of the well bore.
Liability under bond is retained
until surface restoration,
environmental remediation and
final inspection is completed.**

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Carl Nordstrand TITLE President DATE 11/17/06

Type or print name **Carl Nordstrand**
For State Use Only

E-mail address:

Telephone No.

APPROVED BY Gerry Guye TITLE Deputy Field Inspector DATE DEC 7 2006
Conditions of Approval (if any): District II - Artesia