

Submit 2 copies to Appropriate District Office
District I 1623 N. French Rd., NM 87500
District II 1301 W. Grand Ave., NM 87500
District III 1000 Rio Piedra Rd., Aztec, NM 87600
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. 30-015-22516 25516
5. Indicate Type of Lease <input checked="" type="checkbox"/> Federal STATE FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC 065680

7. Lease Name or Unit Agreement Name Blackhawk Federal

8. Well Number 3

9. OGRID Number 154903

10. Pool name or Wildcat Shugart Y-7 Rivers Q GB

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 - Water Injection

2. Name of Operator
St. Mary Land & Exploration Company

3. Address of Operator
777 North Eldridge Parkway, Suite 1000, Houston, TX 77079

4. Well Location
Unit Letter L: 2040 feet from the S line and 920 feet from the W line
Section 24 Township 18S Range 31E NMPM County Eddy

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: mill 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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

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

10/03/06 Send packer in for repair.

10/04/06 Found hole in joint of 2 3/8".

10/11/06 30 min MIT @ 300 psi
Initial injection rate of 54 with injection pressure of 1000.

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 Marcie St. Germain TITLE Production Tech DATE 12/21/06

Type or print name Marcie St. Germain E-mail address: mstgermain@stmaryland.com Telephone No. 281-677-2772
For State Use Only

Accepted for record

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

