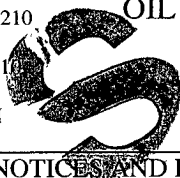


Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

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



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.)		WELL API NO. 30-015-35557
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OGX Resources, LLC		6. State Oil & Gas Lease No.
3. Address of Operator POB 2064 Midland, TX 79702		7. Lease Name or Unit Agreement Name Colt State
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>5</u> Township <u>25S</u> Range <u>28E</u> NMPM Eddy County		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3029' GR		9. OGRID Number 217955
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 _____		

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

2nd intermediate Casing:

9-15-2007 RIH w/ 7" P-110 LTC & BTC 26# casing. Casing set @ 9500'. Pump 10 bbl fresh water, 36 bbl mud flush & 10 bbl fresh water spacer. Lead cement: 600 sx 50/50 POZ Premium cmt. + 8% Bentonite + 3% Halad-9 + 5% Salt + 0.125lbm/sk Poly-E-Flake. Yield = 2.5, slurry wt. = 11.8. Tail cement: 200 sx Premium cmt. + 5% Halad-9, Yield 1.19, slurry wt. 15.6. Displace w/ 362 bbl fresh water. Bump plug - held OK. Maintain full returns throughout cement job. Test BOP to 10,000 psi for 30 minutes. WOC 18 hrs total. Reduce hole size to 6 1/8" and resume drilling.

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 Angela Lightner TITLE Consultant DATE 9-26-2007

Type or print name Angela Lightner E-mail address: angela@rkford.com Telephone No. 432-682-0440

For State Use Only

FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE OCT 1 0 2007

Conditions of Approval (if any):