

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

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|---|
| WELL API NO. 30-015-35868 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name State GQ Com |
| 8. Well Number 2 |
| 9. OGRID Number 217955 |
| 10. Pool name or Wildcat Salt Draw; Morrow West (Gas) |

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| 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 checked="" type="checkbox"/> Other | |
| 2. Name of Operator OGX Resources, LLC | NOV 19 2007 |
| 3. Address of Operator POB 2064 Midland, TX 79702 | OCD-ARTESIA |
| 4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>7</u> Township <u>25S</u> Range <u>28E</u> NMPM <u>Eddy</u> County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3052' 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 _____ | |

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.

11-15-2007 Spud well @ 12:00pm
RIH w/ Texas Pattern guide shoe, 1 jt. 13 3/8" K-55 61# Butt. casing, float collar, 6 jts. 13 3/8" 61# K-55 &
7 jts. 13 3/8" 68# J-55 Butt csg.
Cement w/ 20 bbls H2o ahead + 35 bbls mud flush + 10 bbls H2o + 200 sks scavenger cmt + 1% CaCl + 10# sk
Gilsonite + 0.25# sk Ploy-E-Flake. Wt. 14.6, Yield 1.40, Slurry 49 bbls.
Lead w/ 300 sks Light Premium Plus cmt. + 1% CaCl + 0.25# sk Poly-E-Flake, Wt. 12.7, Yield 1.88, Slurry 100 bbls
Tail w/ 200 sks Premium Plus cmt. + 1% CaCl, Wt. 14.8, Yield 1.34, Slurry 47 bbls Displace w/ 76 bbls H2o.
Bumped plug - held OK, release pressure, flowed back 0.5 bbl. Circulated 448 sks to reserve pit.

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 11-15-2007

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

For State Use Only

Accepted for record - NMOCD

APPROVED BY: _____ TITLE _____ DATE 11/21/07

Conditions of Approval (if any):