

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. 30-015-30027	
5. Indicate Type of Lease X FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Parkway Delaware Unit	
8. Well Number PDU # 703	
9. OGRID Number 154903	
10. Pool name or Wildcat Parkway; Delaware	

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 X Other Water Injector

2. Name of Operator
St. Mary Land & Exploration

3. Address of Operator
3300 N. A St., Bldg 7, Suite 200, Midland, TX 79705

4. Well Location
Unit Letter I : 2610 feet from the South line and 430 feet from the East line
Section 35 Township 19S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3346' RKB

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 X	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <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.

Proposed Procedure for PDU #703 :

1. RIH w/2 3/8" tbg to RBP @ 3998' (-2 sx sand)..
2. RU to pump 25 sx "C" plug from PDT. PUH at least 450' & WOC. Tag TOC.
3. PUH to 3050' & pump another 25 sx "C" plug. PUH 450' & WOC. Tag cmt..
4. POH w/tbg.
5. RIH with tools to attempt washing over 4-1/2" casing. If successful washover & pull as much 4.5" as possible. POH laying down casing.
6. RIH w/new 4-1/2" casing with wrapped casing from at least from stub to 1600' to the tie back with a Bowen Lead overshoe to "make up" with casing stub that is looking up. Attempt to circulate double inhibited pkr fluid between 4.5" & 7" csg.
7. Pressure test casing to 500# for an MIT test. - MUST BE WITNESSED BY OCD.
8. RIH w/injection pkr & set as previous. Circulate double inhibited pkr fluid & set pkr. Test to 500#.
9. Return to injection.

Approval Granted providing work
is complete by 11/08/08

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 Donna Huddleston TITLE Production Tech DATE 08/06/2008

Type or print name Donna Huddleston E-mail address: dhuddleston@stmaryland.com Telephone No. 432-688-1789
For State Use Only

APPROVED BY: Signed By [Signature] TITLE Field Supervisor DATE AUG 08 2008
Conditions of Approval (if any).