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NMOCD ARTESIA

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LM

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

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

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. 30-015-37716
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Echo Production, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 1210, Graham, Texas 76450		7. Lease Name or Unit Agreement Name Stiletto "16" State
4. Well Location Unit Letter <u>A</u> : <u>380'</u> feet from the <u>North</u> line and <u>380'</u> feet from the <u>East</u> line Section <u>16</u> Township <u>20S</u> Range <u>25E</u> NMPM County <u>Eddy</u>		8. Well Number <u>5 H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3462'</u>		9. OGRID Number <u>06742</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Cemetery-Yeso
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mfl 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 checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL. <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 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.

The APD for this well was submitted and approved as using a 3000# Double Ram BOP with an annular preventer.

We hereby request permission to drill the well with a 3000# Annular preventer only and no BOP on the attached schematic.

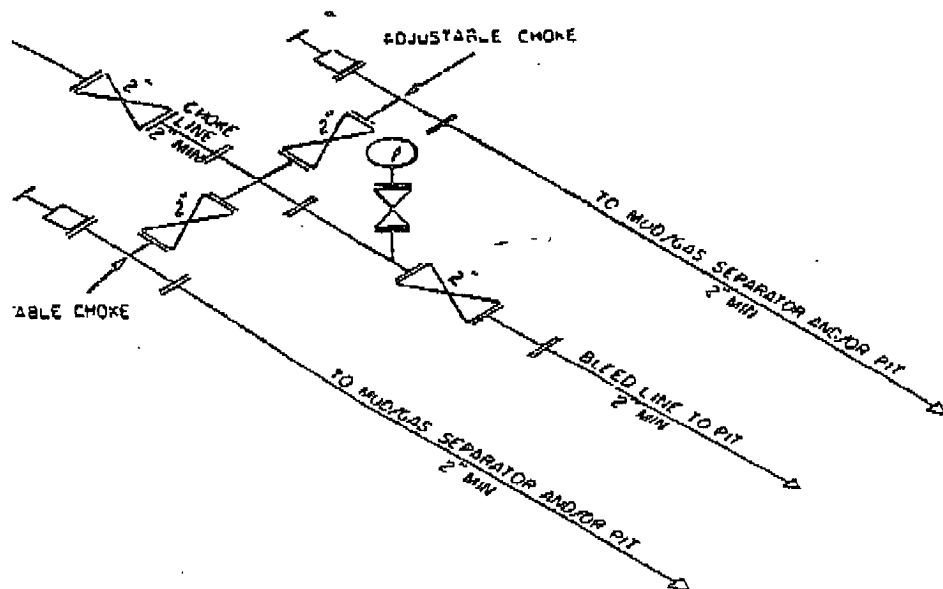
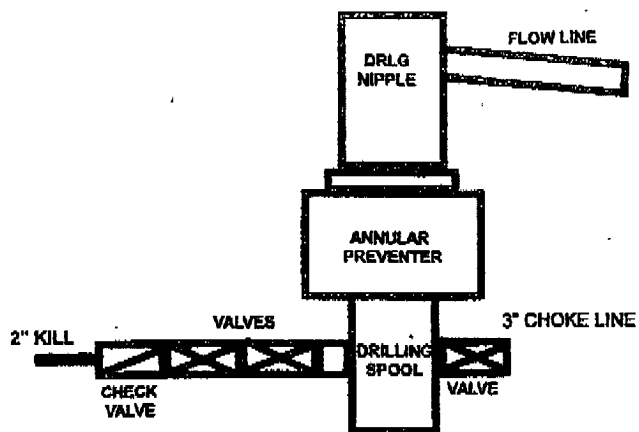
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tom Golden TITLE Operations Manager DATE 03/31/2010
 Type or print name Tom Golden E-mail address: rondaw@echoproduction.com Telephone No. (940) 549-3292

For State Use Only

APPROVED BY: [Signature] TITLE Geologist DATE 3/31/2010
 Conditions of Approval (if any):

3 M SYSTEM



2M CHOKE MANIFOLD EQUIPMENT — CONFIGURATION OF CHOSES

MAY VARY

Stiletto '16' State #5H

30-015-37716