| Submit 3 Copies To Appropriate District Office  | State of New Me                    |  | Form C-103 May 27, 2004 MM   |  |
|---|------------------------------------|--|------------------------------|--|
| District 1<br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natur         |  |                              |  |
| District II<br>1301 W. Grand Ave., Artesia, NM 88210  | OIL CONSERVATION                   | DIVISION 30-015-10266 5. Indicate Type | e of Lease                   |  |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Fran                | STATE                                  | FEE                          |  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                                    |  | Gas Lease No.                |  |
| SUNDRY NOT  | ICES AND REPORTS ON WELLS          | 1                                      | or Unit Agreement Name       |  |
| (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.)   |                                    | OR SUCH                                |                              |  |
| 1. Type of Well: Oil Well  Gas Well  Other  |                                    |  | 8. Well Number #1            |  |
| 2. Name of Operator NEW MEXICO OCD FOR PRONGHORN  |                                    | 9. OGRID Num                           | 9. OGRID Number              |  |
| 3. Address of Operator  |                                    | 10. Pool name o                        | I                            |  |
| 4. Well Location  |                                    | Vander                                 | griff keyes queen            |  |
| Unit Letter:N _:660feet from theS line and1980feet from theWline  |                                    |  |                              |  |
| Section 4 Township 17S Range 28E NMPM EDDY County   |                                    |  |                              |  |
| 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: mil Below-Grade Tank: Volume bbls; Construction Material   |                                    |  |                              |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                                    |  |                              |  |
|   |                                    |  |                              |  |
| NOTICE OF IN<br>PERFORM REMEDIAL WORK □   | NTENTION TO:<br>PLUG AND ABANDON ⊠ | SUBSEQUENT RI                          | EPORT OF:  ALTERING CASING □ |  |
| ——————————————————————————————————————  |                                    | COMMENCE DRILLING OPNS.                | P AND A                      |  |
| PULL OR ALTER CASING  | <del></del>                        | CASING/CEMENT JOB                      | _                            |  |
| OTHER:  |                                    | 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.                    |                                    |  |                              |  |
| 5/5/10 RIH AND SET 4 ½" CIBP @ 1230' CIRCULATE 130 SACKS TO SURFACE INSTALL DRY HOLE MARKER AND CLEAN UP LOCATION   |                                    |  |                              |  |
| INSTALL DRI HOLE MARKER AND CLEAN OF LOCATION   |                                    |  |                              |  |
|   |                                    |  |                              |  |
|   |                                    |  |                              |  |
|   |                                    |  |                              |  |
|   |                                    |  |                              |  |
| 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 NMOCP guidelines , a general permit or an (attached) alternative OCD-approved plan. |                                    |  |                              |  |
|   |                                    |  |                              |  |
| SIGNATURE Mark Hoskin   | SHOW IN CHILE                      | agent for ocd                          | DATE_6/14/10                 |  |
| Type or print name  | E-mail addr                        | ress: //                               | lephone No.                  |  |
| For State Use Only  |                                    |  |                              |  |
| APPROVED BY: Conditions of Approval (if any):   | TITLE!                             | K Je Keleno.                           | DATE 6/16/2000               |  |