

Submit 1 Copy To Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

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

RECEIVED

AUG 12 2010

NMOC D ARTESIA

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-31829
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 Geronimo 28 State Com
8. Well Number 1
9. OGRID Number 224400
10. Pool name or Wildcat Empire; Penn (Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3684'

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 type="checkbox"/> Other SWD
2. Name of Operator Edge Petroleum Operating Company, Inc.
3. Address of Operator POB 51937 Midland, TX 79710
4. Well Location Unit Letter J : 1500 feet from the South line and 1800 feet from the East line Section 28 Township 17S Range 28E NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3684'

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 ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Injection Began ☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SWD conversion was done successfully. Injection began 7/28/08.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Angela Lightner TITLE Regulatory Consultant DATE 8/11/10
Type or print name Angela Lightner E-mail address: angela@rkford.com PHONE: 432-682-0440
For State Use Only

APPROVED BY: RICHARD INGE TITLE COMPLIANCE OFFICER DATE 8/17/10
Conditions of Approval (if any):