

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.	015-26564
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	unk.
7. Lease Name or Unit Agreement Name	Malaga 36 State
8. Well Number	1
9. OGRID Number	012361
10. Pool name or Wildcat	K2 Culebra Bluff South (Bone Springs)

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:

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 ☐

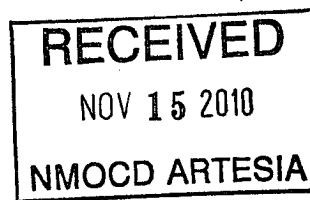
OTHER: Recompleted to Bone Springs ☒

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.

1. Set CIBP @ 10770' w/20' cmt on top. Set CIBP @ 9150' w/20' cmt on top (6/24/10).
2. Perf'd @ 8814' - 8846' (6/29/10).
3. Treated w/3000 g. 15% NEFE. (7/7/10).
4. Frac'd w/4393 g. linear gel + 2003 g. 7½% HCl + 63235 g. Viking 3000 XL gel pad + 153602# 20/40 sand (8/19/10).
5. POP (9/1/10).

Workover started: 6/21/10

Workover complete: 9/1/10



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 Charlotte Van Valkenburg TITLE Technical Coordinator DATE 11/10/10

Type or print name Charlotte Van Valkenburg E-mail address: Charlotv@kfoc.net Telephone No. 918-491-4314
For State Use Only

APPROVED BY: David Gray TITLE Field Supervisor DATE 11-16-10

Conditions of Approval (if any):