

Submit 1 Copy To Appropriate District Office  
 District I - 6161  
 1625 N. ... Hobbs, NM 88210  
 District II - (575) 748-1200  
 811 S. First St. ... NM 88210  
 District III - (505) 476-1300  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-1300  
 1220 S. St. Francis ... NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

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

|  |
|--|
| WELL API NO<br>30-041-00140  |
| 5 Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6 State Oil & Gas Lease No.  |
| 7 Lease Name or Unit Agreement Name<br>Milnesand Unit  |
| 8. Well Number 197 <input checked="" type="checkbox"/>   |
| 9. OGRID Number<br>257420  |
| 10. Pool name or Wildcat<br>46930-Milnesand-San Andres   |

**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  Other

2. Name of Operator  
FOR Operating Co

3 Address of Operator  
200 N. Loraine Suite 1440, Midland TX. 79701

4 Well Location  
 Unit Letter L      1980 feet from the South line and 660 feet from the West line  
 Section 13      Township 08S      Range 34E      NMPM      County Roosevelt

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

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|  |  |  |  |
|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/> |  |
| OTHER: Reactivation <input checked="" 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) SFE RULE 19.15.7 14 NMAC For Multiple Completions: Attach wellbore proposed completion or recompletion.

Plans were submitted to plug and abandoned this well.  
 However, we have decided to reactivate and produce the well with conventional rod pump method  
 Pumping unit, flow line and associated down hole equipment will be installed  
 See attached well bore diagram for existing status and anticipated producing status

Spud Date 5/26/1958      Rig Release Date 6/12/1958

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

SIGNATURE *Andy Chalker* TITLE Operations Manager DATE 3/7/2012

Type or print name Andy Chalker E-mail address andy.chalker@att.net PHONE 432 687 0303

**For State Use Only**

APPROVED BY: *[Signature]* TITLE STAFF MGR DATE 3-8-2012  
 Conditions of Approval (if any)

**Conditions of Approval:**  
 OCD requires the Operator to complete a 24 hours production test and submit on form C-104 Request for Allowable before producing this well. Accompanied by Subsequent report with dates and what was done, perms producing from, along with tubing size and depth.

MAR 08 2012

