

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM ~~87505~~ **HOBBS OGD**

WELL API NO. <b>30-005-10370 10532</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>FED</b>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <b>CSAU</b>	
8. Well Number <b>77</b>	
9. OGRID Number	
10. Pool name or Wildcat <b>CSAU</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELLS **NOV 06 2014**  
 (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  **RECEIVED**

2. Name of Operator **CARO Petroleum of New Mexico**

3. Address of Operator **823 S. Depot Tulsa OK 74120**

4. Well Location  
 Unit Letter **A** **660** feet from the **N** line and **660** feet from the **E** line  
 Section **15** Township **8S** Range **30E** NMPM  County **CHAVEZ**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER: <b>MT</b>	<input checked="" type="checkbox"/>
CLOSED-LOOP SYSTEM <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**Pressure up to # 420 for 32 minutes**  
**Starting Pressure # 420 Ending Pressure # 420**

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: Robert McKenzie TITLE: SR. Field Operations mgr. DATE: 9/13/14  
 Type or print name: Robert McKenzie E-mail address: robert.mckenzie@nbt-services.com PHONE: 432-425-3106  
**For State Use Only**

APPROVED BY: Bill Serranah TITLE: Staff Manager DATE: 11/7/2014  
 Conditions of Approval (if any):

FOR RECORD ONLY

NOV 12 2014

