

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. <b>30-025-11268</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>006659</b>
7. Lease Name or Unit Agreement Name <b>Litie Woolworth</b>
8. Well Number <b>4</b>
9. OGRID Number <b>14372</b>
10. Pool name or Wildcat <b>Jalmat Tansill-4T-7rurs</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3276</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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 _____

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)

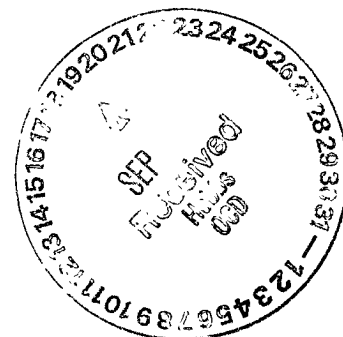
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator <b>McDonnold Operating, Inc.</b>
3. Address of Operator <b>505 N. Big Springs, Suite 204 Midland, TX 79701</b>
4. Well Location Unit Letter <b>L</b> : <b>1650</b> feet from the <b>S</b> line and <b>990</b> feet from the <b>W</b> line Section <b>28</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>Lea</b> County <b>NM</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3276</b>

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

RU mesa W.S. Strap COH w/ Hbg. Set 7" RBP @  
2957'. Load CSG w/ PKR fluid. Test CSG to  
320 psig for 30 mins. No drop.



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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE **Craig M. McDonnold** TITLE **President** DATE **9-17-07**

Type or print name **Craig M. McDonnold** E-mail address: \_\_\_\_\_ Telephone No. **432-682-3499**  
For State Use Only

APPROVED BY: **Larry W. Wink** TITLE **WC FIELD REPRESENTATIVE N/STAFF MANAGER** DATE **SEP 20 2007**  
Conditions of Approval (if any): \_\_\_\_\_

