

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

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

Form C-103
May 27, 2004

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.)		WELL API NO. 30-025-26492
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator State of New Mexico / formerly Pronghorn Management Corp.		6. State Oil & Gas Lease No. 3680
3. Address of Operator 16625 N. French Drive, Hobbs, NM 88240		7. Lease Name or Unit Agreement Name: State H L
4. Well Location Unit Letter L : 1980 feet from the South line and 660 feet from the West line Section 2 Township 23-S Range 33-E NMPM County Lea		8. Well No. 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 122811
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Brinninstool Bone Springs
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:		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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/15/09 Move In Rig up.
10/16/09 NU BOP. ND well head. POH w/ 70 jts. tbg. Well started flowing. Flowed well to pit.
10/17/09 Flowed well to pit. Pumped 200 bbls of brine water. Well flowed. Closed well in shut down.
10/20/09 Killed well w/ 130 bbls brine. POH w/ 304 jts; anchor, 7 jts. tbg. SN, Perf. sub. and MA. RIH w/ 3000' tbg. Shut well in.
10/21/09 RIH w/ tbg. to 13050'. Tagged CIBP. Circulated hole w. mud laden fluid. POH to 12266'. Spot 40 sx class H cement. @ 12266' to 11717' SDFN.
10/22/09 Tagged plug @ 11695'. Circulated hole w/ mud laden fluid. POH w/ tbg. Started in hole w/ 7 5/8 CIBP. SDFN.
10/23/09 RIH to 9393. Set CIBP/ Spot 25 sx class C cement on top (9393 to 9270. POH to 6417'. Spot 25 sx class C cement (6417 to 6294). Pulled out of cement. SDFN.
10/26/09 POH w/ tbg. ND BOP. NU well head. Rigged down cleaned location.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed.

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 [Signature] TITLE Assistant DATE 11/2/09

Type or print name _____ E-mail address: _____ Telephone No. _____

For State Use Only

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE NOV 03 2009

Conditions of Approval (if any):