

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

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. 30-059-20485
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator KODIAK PETROLEUM (MONTANA) INC.		6. State Oil & Gas Lease No. 37015
3. Address of Operator SUITE 460, 734-7 TH AVE. SW CALGARY, ALBERTA		7. Lease Name or Unit Agreement Name KODIAK SOFIA
4. Well Location Unit Letter D: 305 feet from the NORTH line and 759 feet from the WEST line Section 18 Township 25N Range 30E NMPM UNION County		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6261 GR		9. OGRID Number 257794
▪ Pit or Below-grade Tank Application <input checked="" type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater 275 _____ Distance from nearest fresh water well 5530 _____ Distance from nearest surface water 4000		
Pit Liner Thickness: 40 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: ☐

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.

SPUDDED 03/12/2008

CASING & CEMENT PROGRAM

DATE	STRING	FLUID	CSG SIZE	CSG WT	EST	DEPTH	SAX	CLASS
03/14/2008	SURFACE	AIR	7"	20	0	809	240	TYPE 'G'
03/18/2008	PRODUCTION	AIR	4 1/2"	10.5	0	2189	275	TYPE 'G'
03/23/2008	PRODUCTION				TOP	FILL	100	

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 R.D. Weir TITLE Consultant DATE 2008-04-07

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: Ed Martin TITLE DISTRICT SUPERVISOR DATE 4/9/08

Conditions of Approval (if any):