

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-015-22617
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 E.G.L Resources, Inc		6. State Oil & Gas Lease No. LG 5174
3. Address of Operator P.O. Box 10886, Midland, Texas 79702		7. Lease Name or Unit Agreement Name Baldridge Canyon Com
4. Well Location Unit Letter <u>G</u> : <u>2310</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>13</u> Township <u>24S</u> Range <u>24E</u> NMPM County <u>Eddy</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,428		9. OGRID Number 173413
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Baldridge Canyon Marrow
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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input 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"/>		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.

Call in date 2-27-17  
Start Date 2-29-17

3-13-17 Set CIBP at 10,750.  
3-15-17 Spot 25 sx cement, plug on top of CIBP, WOC 3-16-17  
3-15-17 Was okayed by B.L.M to start plugging from 8385.  
3-18-17 Perf at 8385, pumped and sqz 50 sx cement, plug WOC, RIH and tag at 8060'.  
3-20-17 Perf at 6300, pumped and sqz, 45sx cement plug WOC, tag at 6040'.  
3-21-17 Perf at 5319, pumped and sqz, 50 sx cement plug WOC, tag at 4965.  
3-21-17 Perf at 3881, pumped and sqz 50 sx cement plug WOC, tag at 3458'.  
3-22-17 Perf at 3381, pumped and sqz 55 sx cement plug WOC tag at 3086  
3-23-17 Perf at 972, pumped and sqz 50 sx cement plug WOC tag at 715.  
3-23-17 Perf at 63', pumped and sqz 35 sx cement to surface WOC tag at 21'  
JOB COMPLETE 3-27-17

NM OIL CONSERVATION  
ARTESIA DISTRICT  
APR 17 2017

RECEIVED

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

SIGNATURE [Signature] TITLE Owner DATE 4.3.17

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer DATE 4/17/17  
Conditions of Approval (if any): \_\_\_\_\_