| Submit 2 Coming To Amanomaista District | G | 3.6 | | - | G 100 | |
|---|--|---------------------|------------------------------|-------------|---------|--|
| Office Office | nit 3 Copies To Appropriate District State of New Mexico | | | Form C-103 | | |
| <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural kesources | | May 27, 2004 WELL API NO. | | | |
| District II | OIL CONSERVATION DIVISION | | 30-015-00681 | | | |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | STATE FEE | | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | <u>,, , , , , , , , , , , , , , , , , , ,</u> | | 6. State Oil & Gas L | ease No. | | |
| 87505 SUNDRY NOT | ICES AND REPORTS ON W | ELLS | 7. Lease Name or Ui | nit Agreeme | nt Name | |
| (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 | | | South Red Lake Unit | | | |
| PROPOSALS.) 1. Type of Well: Oil Well | Morath "Year | 8. Well Number #2 | 27 | | | |
| 2. Name of Operator | Gas Well Other | APR 1 6 2007 | 9. OGRID Number | 241598 | | |
| Fairway Resources Operating, | APR 1 6 200 NM | | | | | |
| 3. Address of Operator | OCD | 10. Pool name or Wi | | | | |
| 538 Silicon Drive, Suite 101, Southlake, TX 76092 Redlake, Queen, Grybg, SA | | | | | | |
| 4. Well Location Unit Letter M: 990 feet from the South line and 330' from the West line | | | | | | |
| Section 36 | | 17S Range 27 | E NMPM | Eddy | County | |
| Section | 11. Elevation (Show whether | | | Ludy | County | |
| | | | | | | |
| Pit or Below-grade Tank Application or Closure | | | | | | |
| Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water | | | | | | |
| Pit Liner Thickness: mil | | | onstruction Material | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING | | | | | | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ | | | | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | T JOB 🔲 | | | |
| OTHER: | Г | I OTHER: ⊠ Tei | mporarily Abandon | | | |
| 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. | | | | | | |
| | | | | | | |
| Casing size 7" set at 1,240 | with 100 sxs cement | | | | | |
| AMADE NEDVY MOVY MI I I MOVY MI | | | | | | |
| 3/13/07 MIRU. TOH with pmp an TIH with AD-1 pker and s | indonad StatilisAnnio | <i>r</i> ed | | | | |
| Pressure test csg to 300#. Held ok | | | MICONEC SIGNAPPIO | , o u | | |
| TIH with AD-1 pker and set @ 1,200' Pressure test csg to 300#. Held ok POH with AD-1 pkr. TIH with CIBP and set @ 1,200' Circulate packer fluid Tim with AD-1 pker and set @ 1,200' Until 3 - 13 - 12 - 12 - 12 - 12 - 12 - 12 - | | | | | | |
| Circulate packer fluid Pressure test csg to 500# for 30 minutes | | | | | | |
| POH with tbg | | | | | | |
| Well is TA. | | | | | | |
| Come Guya with OCD was notified 24 hours prior to testing | | | | | | |
| Gerry Guye with OCD was notified 24 hours prior to testing. | | | | | | |
| | | | | | | |
| | | | | | | |
| 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. | | | | | | |
| grade tank has been an of constructed of closed according to the construction, a general permit of or an (attached) after harve occuration of the construction of the | | | | | | |
| SIGNATURE TITLE Office Manager DATE 4/5/2007 | | | | | | |
| Type or print name Cindy Flood E-mail address: cflood@fairwayresources.com Telephone No. 817-416-1946 For State Use Only Geny Guye | | | | | | |
| Deputy Field Inspector APR 1 7 2007 | | | | | | |
| APPROVED BY: / / DISTRICT II - Artesia DATE DISTRICT DISTRICT | | | | | | |
| Conditions of Approval (if any): | | | | | | |
| ′ / | / | | | | | |

