

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. 30-015-03808
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM06407A
7. Lease Name or Unit Agreement Name East Henshaw Unit
8. Well Number 002K
9. OGRID Number 149084
10. Pool name or Wildcat West Henshaw Grayburg

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 Gas Well Other

2. Name of Operator
Salado Operating LLC

3. Address of Operator
1533 Cordova Hobbs NM 88240

4. Well Location
 Unit Letter K : 3320 feet from the N line and 1980 feet from the W line
 Section 1 Township 16s Range 30e NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 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 COMPL <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.

- 10/1/03: MIRU
- 10/2/03: POOH w/rods & pump plunger. Nipple up BOP. POOH and lay down tubing and tubing pump.
- 10/3/03: PU work string. RIH w/ bit & scraper. POOH - RIH w/CIBP. Set @ 3000'. Pump 25 sx plug on top. Perf @ 1500'. Unable to squeeze. Pump 25 sx plug. POOH - WOC to tag Monday.
- 10/6/03: Tagged plug @ 1218'. Perf @ 549' & squeeze 25 sx. WOC 4 hrs to tag. Tagged plug @ 430'. Perf @ 60' and squeeze. Circ cmt to surface. WOC 24 hrs to set marker.
- 10/7/03: Topped off surface plug and set P/A marker.

Well was plugged by NMOCD 10/7/03

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 NMOCD DISTRICT DATE 8/3/07

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

APPROVED BY: Accepted for record NMOCD TITLE _____ DATE _____

Conditions of Approval (if any):