

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. 30-015-35029
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Renata 16 State Com
8. Well Number 1
9. OGRID Number 243452
10. Pool name or Wildcat Chester

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Corkran Energy, LP	
3. Address of Operator 300 Beardsley Lane, C-204 Austin, TX 78746	
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>910</u> feet from the <u>East</u> line Section <u>16</u> Township <u>23S</u> Range <u>24E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4065'</u>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" 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.

2<sup>nd</sup> Intermediate Casing Set:

Ran 224 jts. 7", L-80 LT&C casing, DV Tool, packer, 8 jts., float collar, 1 jt and float shoe. Circulated capacity of casing. Tested lines to 4000#, pumped 20 bbl H2O spacer ahead of lead cement. Casing set depth 8815'

1<sup>st</sup> Lead Cement: 100 sx 15/61/11 Poz Premium Plus C cement: CSE-2 + 3% bwow Sodium Chloride + 0.125 lbs/sx Cello Flake + 5 lbs/sx LCM-1 + 0.7% bwoc FL-25 + 0.6% bwoc FL-52A. (Wt. 13.2, Yield 1.61, slurry 28 bbls).  
Displace w/ 10 bbls Fresh water & 315 bbls mud. Bump plug W/2000# - OK. Inflate packer W/4000# - OK. Drop bomb. Open DV Tool.

2<sup>nd</sup> Lead Cement: 900 sx 50/50 Poz Premium Plus H cement + 0.125 lbs/sx Cello Flake + 5 lbs/sx LCM-1 + 10% bwoc Bentonite + 0.3% FL-52A. (Wt 11.8, Yield 2.3, Slurry 369 bbls)

Tail Cement: 100 sx Premium Plus H cement + 0.2% bwoc FL52A. (Wt. 15.6, Yield 1.18, Slurry 21 bbls).  
Displace W/ 314 bbls Fresh water bump plug W/3376# - OK.

Circulated 56 sx cement to reserve from DV Tool, WOC 24 hrs, test casing to 1500# for 30 minutes, reduce hole size to 6" and resume drilling.

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 Angela Lightner TITLE Consultant DATE 9-21-2007

Type or print name Angela Lightner E-mail address: angela@rkford.com Telephone No. 432-682-0440

For State Use Only

Accepted for record - NMOCD

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 9/26/07

Conditions of Approval (if any):