

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505



Form C-103  
May 27, 2004

<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. 30-015-35344
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OGX Resources, LLC		6. State Oil & Gas Lease No.
3. Address of Operator POB 2064 Midland, TX 79702		7. Lease Name or Unit Agreement Name Long Nose Com
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>South</u> line and <u>1310</u> feet from the <u>West</u> line Section <u>9</u> Township <u>24S</u> Range <u>27E</u> NMPM Eddy County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3181' GR		9. OGRID Number 217955
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

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

2nd Intermediate Casing:

3-20-2007 RIH w/ 224 jts. 7" P-110 LT&C csg. Casing set @ 9390'. Cemented w/ Lead cmt: 700 sx 50:50:10 class H cmt. Tail slurry: 200 sx class H cmt. Full returns throughout job. Circulated 80 sx of cement to reserve pit. Bumped plug w/ 600 ps. Over circ. Pres. release Pres. F/C held. Tested BOP to 5000 psi for 30 minutes. WOC 42 hrs. total. Reduce hole size to 6 1/8" 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 10-2-2007

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

**For State Use Only**

**OCT 10 2007**

APPROVED BY: FOR RECORDS ONLY TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):