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

WELL API NO.
30-015-26029

5. Indicate Type of Lease X Federal
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NM 24160

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.)

7. Lease Name or Unit Agreement Name
Parkway Delaware Unit

1. Type of Well: Oil Well ☐ Gas Well ☐ Other – Water Injection

8. Well Number 505

2. Name of Operator
St. Mary Land & Exploration Company

9. OGRID Number
154903

3. Address of Operator
3300 N. A Street, Bldg #7, Suite 200, Midland, TX 79705

MAY 21 2008
OCD-ARTESIA

10. Pool name or Wildcat
Parkway Delaware

4. Well Location
Unit Letter L : 1980 feet from the South line and 760 feet from the West line
Section 35 Township 19S Range 29E NMPM County Eddy

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3328' RKB 3319' GR

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
OTHER: Scheduled Bradenhead Test X		OTHER: ☐	

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.

Successful annual MB test performed 5/12/08. Chart was retained by NMOCD Field Inspector, District II Artesia.

REJECTED. THIS WAS A POST WORKOVER TEST. PLEASE PROVIDE A DESCRIPTION ON HOW THE WELL WAS REPAIRED.

RT.

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 ☐.**

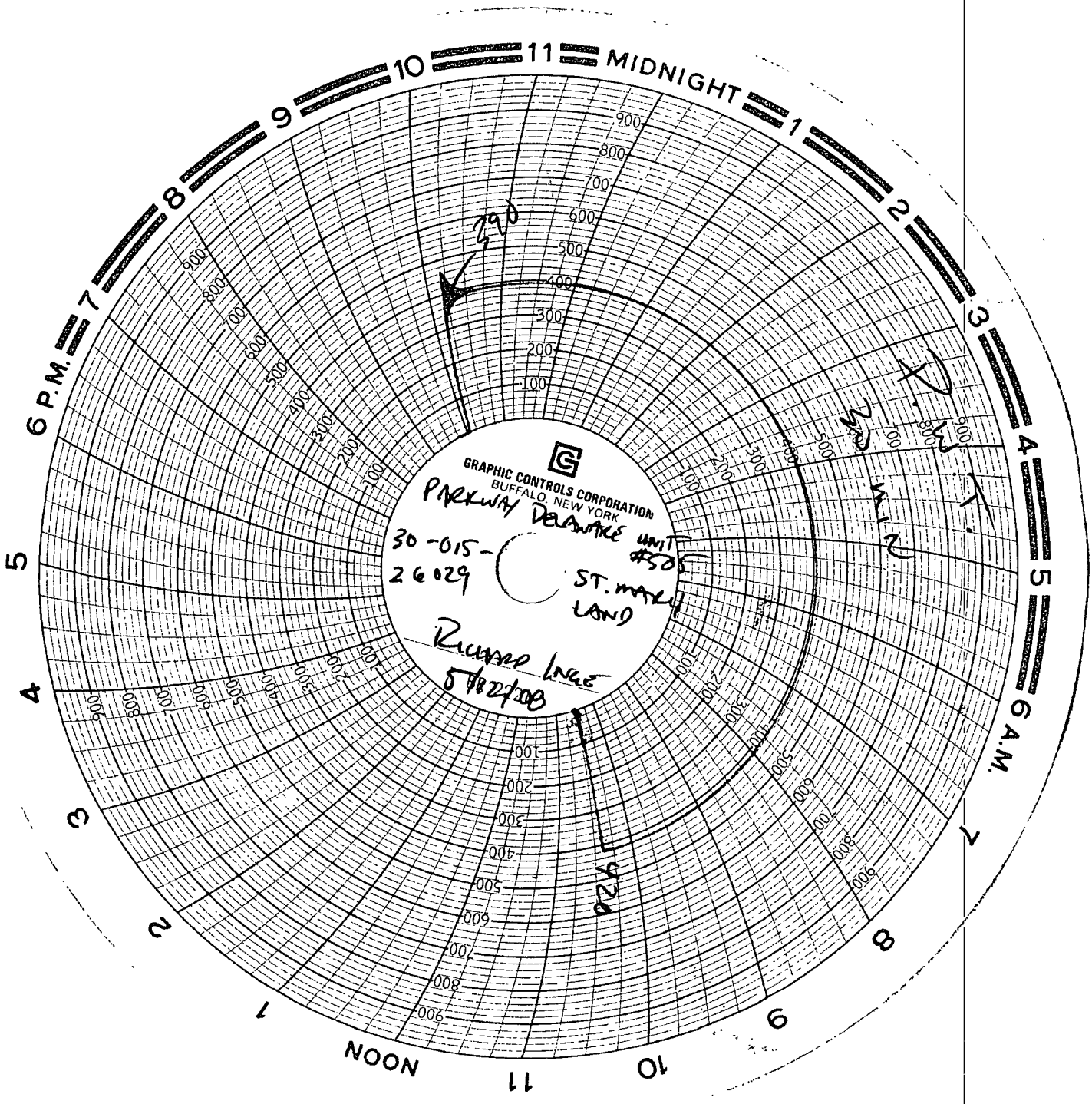
SIGNATURE Donna Huddleston TITLE Production Tech DATE 05/19/08

Type or print name Donna Huddleston E-mail address: dhuddleston@stmaryland.com Telephone No. 432-688-1789

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
PARKWAY DELAWARE UNIT #505
30-015-26029
ST. MARYS LAND
Richard Lynch
5/18/2008
MIDNIGHT
NOON
6 P.M.
6 A.M.
790
329