

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
June 19, 2008

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

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)		WELL API NO. 30-015-10095
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MOMENTUM OPERATING CO, INC		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 578 ALBANY, TX 76430		7. Lease Name or Unit Agreement Name KENWOOD
4. Well Location Unit Letter <u>F</u> : 2310 feet from the <u>N</u> line and 1650 feet from the <u>W</u> line Section <u>29</u> Township <u>18S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc)		9. OGRID Number 196069
		10. Pool name or Wildcat SHUGART, YT-7R (56439)

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <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.

REMEDIAL WORK PERFORMED 11/12-14/08

- * DIG OUT BRADENHEAD AND REPLACE CONNECTIONS
- * PULL TUBING AND PACKER
- * RUN IN NEW PACKER (BAKER AD-1) AND TUBING
- * PERFORMED PRE-MIT TEST AND EVERYTHING HELD BEFORE CALLING OCD
- * RIG DOWN AND MOVE OFF LOCATION

** CASING INTEGRITY TEST WITNESSED BY RICHARD INGE 11/18/08

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE VICE PRESIDENT DATE 12/5/08

Type or print name DON TIDWELL E-mail address: PHONE: (325) 762-3331

For State Use Only

APPROVED BY: [Signature] TITLE COMPLIANCE OFFICER DATE 12/16/08

Conditions of Approval (if any):