

Submit 1 Copy 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
October 13, 2009

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

WELL API NO. 30-015-03959
5. Indicate Type of Lease STATE ☒ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name DEKALB FEDERAL
8. Well Number #2
9. OGRID Number 3322
10. Pool name or Wildcat SQ LAKE GRYBRG SAN ANDRES

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 ☐	RECEIVED MAR 09 2010 MAR 10 2010 NMOCD ARTESIA
2. Name of Operator CFM OIL COMPANY	
3. Address of Operator PO BOX 1176 ARTESIA, NM 88211	
4. Well Location Unit Letter <u>O</u> : <u>660</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>31</u> Township <u>16S</u> Range <u>30E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/08 FINISHED BUILDING NEW TANK BATTERY AND RETURNED WELL TO PRODUCTION

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 Leslie Patterson TITLE PRODUCTION CLERK/ OFFICE MANAGER DATE 2/22/10

Type or print name Leslie Patterson E-mail address: lesliewpatterson@msn.com PHONE: 575-746-3099

For State Use Only

APPROVED BY Kevin R. Decker TITLE DIST II Supervisor DATE 03/10/2010

Conditions of Approval (if any):