| Submit 1 Copy To Appropriate District Office | State of New Mexico Energy, Minerals and Natural Resources | Form C-103 October 13, 2009 |
|--|--|---|
| <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 | Shorty, white and read a resources | WELL API NO. |
| District II | OIL CONSERVATION DIVISION | 30-015-03852 |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | 1220 South St. Francis Dr. | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | STATE FEE Fed 6. State Oil & Gas Lease No. |
| <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM | Suite 10, 1111 07000 | o. State Off & Gas Lease No. |
| 87505 | SEC AND DEDODTE ON WELLC | 7 Laga Nama an Unit Agreement Name |
| | CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A. | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICA | ATION FOR PERMIT" (FORM C-101) FOR SUCH | West Henshaw |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well Other Injection Well | 8. Well Number #4 |
| 2. Name of Operator | das wen | 9. OGRID Number |
| Nordstrand Engineering, Inc. | | 230757 |
| 3. Address of Operator | | 10. Pool name or Wildcat |
| 3229 D'Amico Ste 200, Houston Te | xas 71019 | Henshaw Grayburg West |
| 4. Well Location | | |
| Unit Letter I: 1980 feet from the south line and 660 feet from the East line | | |
| Section 04 Township 16S Range 30E NMPM County Eddy. | | |
| | 11. Elevation (Show whether DR, RKB, RT, GR, etc GL3873 | |
| Section of many and the control of the section of the control of t | GL3073 | (1.4) Late of San San San San San Late Control of San San Late of |
| 12. Check A | ppropriate Box to Indicate Nature of Notice, | Report or Other Data |
| | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WOR | · · · · · · · · · · · · · · · · · · · |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | |
| DOWNHOLE COMMINGLE | MOLTIPLE COMPL | 11 30B |
| | 1.00 | en e |
| 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. | | |
| proposed completion of recompletion. | | |
| Well failed MIT on Sept 20, 2010. | | |
| | | |
| Contracted with work over company to pull tubing to check casing. Pressured up casing and casing held. Appears that the | | |
| failure of the MIT was a result of a hole in the tubing. | | |
| Contacted OCD and had follow up test witnessed on November 30, 2010. Darold Gray witnessed the follow up MIT for the | | |
| OCD and all charts were provided to Darold at the time of the testing. RECEIVED | | |
| | | |
| | | DEC 2 1 2010 |
| | | 212.20 |
| | | NMOCD ARTESIA |
| | | |
| | | |
| Spud Date: | Rig Release Date: | |
| <u> </u> | | |
| I haraby cartify that the information a | have is true and complete to the heat of my knowled | ro and haliof |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| Sheet M. | | · · · · · · · · · · · · · · · · · · · |
| SIGNATURE /// | TITLE Field Representative | DATE 13 December 2010 |
| Type or print name Thomas E. Nordstrand E-mail address: tom@nmbvi.com PHONE: (505) 321-7671 | | |
| For State Use Only | | |
| 7.1 | | 100 a = 1 = 1 |
| | NUE TITLE COMPLIANCE | UMUER DATE 12/29/10 |
| Conditions of Approval (if any): | | • |