

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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. 30-015-02307
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No B-10716
7. Lease Name or Unit Agreement Name Caroline
8. Well Number No. 4
9. OGRID Number 156206
10. Pool name or Wildcat Millman Seven Rivers East

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

2. Name of Operator
David G. Hammond

3. Address of Operator
PO Box 1538 Artesia NM 88211

4. Well Location

Unit Letter E : _____ feet from the _____ line and _____ feet from the _____ line
Section 28 Township 19 S Range 28E NMPM County Eddy

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

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

Caroline No.4 well sign has been posted

Tubing and rods have been pulled out of the well. Requesting an additional 60 days to perform remedial work. Well must be cleaned out to open perforations. Contracted Darrel Finney to perform the remaining work to place well back to production.

60 day extension approved: well must be restored by 03/05/2012

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 ✓ Owner/Operator DATE 1/3/12
Type or print name David Hammond E-mail address: Hammond@hollygreen.com PHONE: 575-308-7662
For State Use Only
APPROVED BY: [Signature] TITLE Dist II Supervisor DATE 01/03/2012
Conditions of Approval (if any).