Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources March 4, 2004 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-015-20920 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE | FEE [1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Fanning DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: RECEIVEL Oil Well Gas Well G Other SWD 2. Name of Operator 9. OGRID Number SEP 2 3 2005 FDW. Inc. 015742 OCU-AMTERIA 3. Address of Operator 10. Pool name or Wildcat 3300 N A St., Bldg 2, Ste 120, Midland, TX 79705 SWD: Cisco 4. Well Location K : 1980 South line and __ ___ feet from the 1980 Unit Letter feet from the West line Township **NMPM** Section 198 Range 26E County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3359' GL Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached) Pit location: UL _____ Sect ____ Twp ____ Pit type _____ Depth to Groundwater ___ ___ Distance from nearest fresh water well. Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect ____ Twp ____ Rng _____ __ feet from the ______ line and _____ feet from the _____ line 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. **PLUG AND ABANDONMENT** CASING TEST AND PULL OR ALTER CASING **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: Bradenhead Test \square 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. The subject well was tested on 9/13/05 and details were called into Gerry Guye, OCD rep. by Roger King. NPC rep. 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 belowgrade tank has been/will/oe constructed or closed according to NMOCD guidelines 🚺 , a general permit 🔲 or an (attached) alternative OCD-approved plan 🔲 __TITLE______Production Analyst SIGNATURE X s.jordan@nearburg.com E-mail address: Type or print name Sarah Jordan

TITLE____

(This space for State use)

Conditions of approval, if any

APPROVED BY

Telephone No. 432/686-8235

4-29.05