

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

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

Form C-103
Revised July 18, 2013

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD 2. Name of Operator Caza Operating, LLC 3. Address of Operator 200 N. Loraine, Suite 1550, Midland, Texas 79701 4. Well Location Unit Letter <u>B</u> : <u>500</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>27</u> Township <u>23 S</u> Range <u>27 E</u> NMPM County <u>Eddy</u>		WELL AP# NO. <u>30-015-41530</u>
		5. Indicate Type of Lease LEASE <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB 1139		
7. Lease Name or Unit Agreement Name Forehand Ranch 27 State		
8. Well Number <u>5 SWD</u>		
9. OGRID Number 249099		
10. Pool name or Wildcat SWD; Cherry Canyon		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3158 GR		

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11-6-2013_ TD 7-7/8" hole @ 3545' 11:00 hrs CST 11-5-2013.

11-7-2013_ Log well. Run on bottom DST from 3410-3545. No recovery 2" blow in bucket. Tool stuck. Free tool.

11-8-2013_ R/U & run 5-1/2" 17lb J-55 LTC casing to 3545'. Cemented w/ 389 sks "C" + 4% gel mixed 13.5 ppg. Tailed w/ 391 sks "C" mixed 14.8 ppg. Plug down @ 18:30 hrs CST 11/7/2013. Gray water seen at surface. W/O cmt Run 1" tubing. Tagged cement @ 95' FS. Cement w/ 25 SKS. Circulated 5 sks to surface. Rig released @ 21:30 hrs CST 11-8-2013.

Spud Date:

10-29-2013

Rig Release Date:

11-8-2013

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

SIGNATURE

Richard L. Wright

TITLE Operations Manager

DATE 11-20-2013

Type or print name Richard L. Wright

E-mail address: rwright@cazapetro.com

PHONE: 432 682 7424

For State Use Only

APPROVED BY:

SR Dade

TITLE

Dr. H. Sepulveda

DATE

11/26/2013

Conditions of Approval (if any):