

Submit 3 Copies 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  
 May 27, 2004

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

WELL API NO. 30-015-22617
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 5174
7. Lease Name or Unit Agreement Name Baldrige Canyon Com
8. Well Number 1
9. OGRID Number 173413
10. Pool name or Wildcat Baldrige Canyon Marrow

**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  
E.G.L Resources, Inc

3. Address of Operator  
P.O. Box 10886, Midland, Texas 79702

4. Well Location  
Unit Letter G : 2310 feet from the North line and 1980 feet from the East line  
 Section 13 Township 245 Range 24E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4,428

Pit or Below-grade Tank Application  or Closure

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" 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 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 3-13-17 Set CIBP at 10,750.
- 3-15-17 Spot 25 sx cement, plug on top of CIBP, WOC 3-16-17
- 3-15-17 Was okayed by B.L.M to start plugging from 8385.
- 3-18-17 Perf at 8385, pumped and sqz 50 sx cement, plug WOC, RIH and tag at 8060'.
- 3-20-17 Perf at 6300, pumped and sqz, 45sx cement plug WOC, tag at 6040'.
- 3-21-17 Perf at 5319, pumped and sqz, 50 sx cement plug WOC, tag at 4965.
- 3-21-17 Perf at 3881, pumped and sqz 50 sx cement plug WOC, tag at 3458'.
- 3-22-17 Perf at 3381, pumped and sqz 55 sx cement plug WOC tag at 3086
- 3-23-17 Perf at 972, pumped and sqz 50 sx cement plug WOC tag at 715.
- 3-23-17 Perf at 63', pumped and sqz 35 sx cement to surface WOC tag at 21'
- JOB COMPLETE 3-27-17

Call in date 2-27-17  
 Start Date 2-29-17

**NM OIL CONSERVATION**  
 ARTESIA DISTRICT  
 APR 17 2017

**RECEIVED**

Approved for plugging of well bore only.  
 Liability under bond is retained pending receipt  
 of C-103 (Subsequent Report of Well Plugging)  
 which may be found at OCD Web Page under  
 Form C-103: www.enr.state.nm.us/oecd.

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 below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE Owner DATE 4.3.17

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer DATE 4/17/17  
 Conditions of Approval (if any): \_\_\_\_\_