

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 Grande Blvd., 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. 30-015-03826
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. State E5131
Lease Name or Unit Agreement Name: Henshaw Premier Unit
7. Well No. 1N
8. OGRID Number
10. Pool name or Wildcat Henshaw West (Grayburg)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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 _____

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-103) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJ
2. Name of Operator Norstrand Engineering Inc.
3. Address of Operator 3229D'Amico ST. #2200, Houston, TX 77019(713)520-1555
4. Well Location Unit Letter L : 1980 feet from the South line and 660 feet from the West line Section 2 Township 16S Range 30E 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" 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.

11/27/06-11/28/06 Fish tbq out of hole.

11/29/06 Set tubing set 4 1/2 CIBP and spot 5 sx. cmt. on top. Circulate hole with mud laden fluid.

12/01/06 Perf. 4 1/2 csg. @ 2200. Set packer @ 2000'. Sqz. 40 sx. cmt. WOC Tag plug @ 2080. Perf csg. @ 1492'. Sqz. w/ 60 sx. cmt. Close well in over night.

12/04/06 Tag plug @ 1195. Perf csg. @ 600'. Tried to Sqz. Pressured up to 800 psi. Spot 10 sx cmt @ 650. WOC Tag plug @ 515'. Perf. csg. @ 515'. Sqz w/ 60 sx. cmt. WOC overnight.

12/05/06 Tag plug @ 345'. Spot 10 sx cmt @ 60 to surface. Cut off wellhead. Weld on Dry Hole marker. Rig down move off.

**Plugging of the well bore.
Liability under bond is retained
until surface restoration,
environmental remediation and
final inspection is completed.**

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 Gerry Guye TITLE President DATE 12-08-06

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY Gerry Guye TITLE Deputy Field Inspector DATE DEC 18 2006
Conditions of Approval (if any):