

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505WELL API NO.
30-015-03846

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
West Henshaw
Premier Unit

8. Well Number 9

9. OGRID Number
23075710. Pool name or Wildcat
30599 Henshaw GrayburgSUNDRY 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 ☐ SEP 28 20072. Name of Operator
NORDSTRAND ENGINEERING, INC. OCD-ARTESIA3. Address of Operator
3229 D'Amico Street, #200 Houston, TX 77019

4. Well Location

Unit Letter Q : feet from the line and feet from the line
Section 3 Township 16S Range 30E NMPM County Eddy11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3877 RKBPit 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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: ☐OTHER: Pressure Test ☒

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.

Performed pressure test on the West Henshaw Well Number 9.

The well held 500 psi for one hour.

The test was witnessed and passed by NMOCC personnel on 9-10-2007.

FINAL T/A EXTENSION

Date of Last Production 3-1-2001

Well must be returned to beneficial use or a
P/A plan submitted prior to

3-1-2008

Per Carl H. - Request for T/A.

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 Carl H. Nordstrand TITLE President DATE 9-17-2007

Carl H. NORDSTRAND

Type or print name

For State Use Only

E-mail address:

nordstrand@houston.rr.com

Telephone No. 713
520-1555

APPROVED BY:

TITLE

Gerry Guye

Compliance Officer

DATE OCT 2 2007