

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. 30-015-30671
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6517
7. Lease Name or Unit Agreement Name Polar Bear State
8. Well Number 1
9. OGRID Number 165255
10. Pool name or Wildcat Dog Canyon, Grayburg Gas
11. Elevation (Show whether DR, RKB, RT, GR, etc.) RKB 3547.5

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK FROM 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
2. Name of Operator The Edmar Company, L.L.C.
3. Address of Operator 400 W. Illinois Ave., Suite 1610, Midland, TX 79701
4. Well Location Unit Letter K : 1860 feet from the South line and 1820 feet from the West line Section 36 Township 16S Range 27E NMPM County Eddy

Pit or Below-grade Tank Application <input checked="" type="checkbox"/> or Closure <input type="checkbox"/>
Pit type STEEL Depth to Groundwater Distance from nearest fresh water well Distance from nearest-surface water
Pit Liner Thickness: STEEL mil Below-Grade Tank: Volume 180 bbls; Construction Material STEEL

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 checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <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 type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

13 3/8" csg @ 400', cmt'd w/ 563 sx, circulated
8 5/8" 32# csg @ 1,500' w/ 725 sx, circulated
4 1/2" 10.5# csg @ 1,802' w/ 250 sx, TOC 380' calculated
perforations 1,671'-1,679'

1. Set CIBP @ 1,621'. Circulate hole w/ mud and pump 25 sx C cmt on CIBP.

* base of salt @ -1,560' CMT Plg. 50' below + 50' Above salt. TAG.

* 2. 25 sx C cmt 450-350'. surface casing shoe plug - TAG

* 3. Circulate 15 sx C cmt 50' to surface. RDMO.

4. Cut off wellhead & anchors, install dry hole marker.

* - TAG

* 60' - Surface.

* Salt Plg.

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 Laura Navarro TITLE Land Department DATE 10-22-07

Type or print name Laura Navarro

E-mail address: edmar_79701@yahoo.com Telephone No. (432)-686-8888

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 11/1/07
Conditions of Approval (if any):