Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 May 27, 2004
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, wither are and Natural Resources			WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-015-35029
District III	1220 Sout	h St. Franc	cis Dr.	5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd., Aztec, NM 874 District IV	Rd., Aztec, NM 874 O Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM				
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				7. Lease Name or Unit Agreement Name
PROPOSALS)			Renate 16 State Com	
1. Type of Well: Oil Well (Gas Well 🛛 Other	nro-	4 2007	8. Well Number #1
2. Name of Operator	II <i>C</i>			9. OGRID Number 212226
Corkran Ener 3. Address of Operator	rgy, LLC	OC.	TESIA	10. Pool name or Wildcat
	Lane, C-204 Austin	, TX 78746		Chester
4. Well Location				
Unit Letter_A:660feet from the North line and910feet from theEastline				
Section A Townshi	p 23S Range	24E	NMPM	Eddy County
	11. Elevation (Show w	hether DR,	RKB, RT, GR, etc.)	
4065' Pit or Below-grade Tank Application □ or Closure □				
Pit typeDepth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water				
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING				
OTHER: Start Completion OTHER: completion work				
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.				
11-20-207 Test pkr. to 500 psi. Start acid job w/ 15% HCL, pumped total of 5000 gals w/ NEFE. Dropped 10 balls 10.8 – total 100 balls. Ball action 2200 STP, 465 psi on csg. Start flush 4200 STP, csg. 440, #1 ball out, shut down – surge balls. #2 – ball out, shut				
down –surge balls. #3 ball out, shut down –surge balls, #4 ball out-shut down, surge balls. #5 ball out, shut down-surge balls. #6 ball				
out, shut down-surge balls. #7 ball out, shut down- surge balls. Resume flush. Pressure broke back to 2075 psi. #8 ball out, shut down-				
surge balls. #9 ball out, shut down –surge balls. #10 ball out, shut down –surge balls. #11 ball out, shut down –surge balls. Resume				
flush. Shut down. Shut in psi-1 5 min0 psi 10 min 0 psi 15 min 0 psi. Inj. rates- trting. fld 4 BPM, flush- 5 BPM, avg- 5 BPM. Treating psi min 0, max- 4810 psi, avg 2000 psi, Max. psi 5000#. Total bbls recovered 157. Start swabbing well.				
11-21-2007 Cont. swabbing well.				
11-26-2007 GIH w pressure gauges. RU flowback equip. – 950# on tbg., psi on csg- 0. Turn well over to testers.				
Tbg. psi 1000# on 14/64 choke, csg. psi 350#. Bled pressure off csg. Checked pressure in 30 min., still flowing – all gas, no fld.				
11-27-2007 Lower tbg. back down to mark -20 pts compression on pkr. Csg. psi- 0, tbg. psi- 1000#. 12-1-2007 Remove pressure gauges from hole. SWI. Bottom hole pressure 1240 psi. bottom hole temp. 151 degrees. SWI. Waiting				
on construction of pipeline for production to begin.				
1 1	1	0		
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.				
Type or print name AngelaLightner For State Use Only FOR RECORDS ONLY TITLE Consultant DATE 12-12-2007 E-mail address: angela@rkford.com Telephone No. 432-682-0440				
Type or print name AngelaLightner For State Use Only FOR F	E-m	nail address:	angela@rkford.	
TOI DEAL OSC OMY	WHITE SEE SEE A STORE SEE SEE STORE SEE			9EC 1 7 2007
APPROVED BY: Conditions of Approval (if any):		_TITLE		DATE