

2nd

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

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

Form C-103
May 27, 2004

WELL API NO. 30-015-00250
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name KLEEMAN
8. Well Number # 1
9. OGRID Number
10. Pool name or Wildcat DATON

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
NEW MEXICO OCD *General Operating Co.*

3. Address of Operator

4. Well Location
Unit Letter _____ P : *330* feet from the *330 E* line and *990* feet from the *990 S* line
Section *27* Township *18S* Range *26E* NMPM EDDY County

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

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

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 JOBS <input type="checkbox"/> OTHER: <input type="checkbox"/>
---	---

Notify OCD 24 hrs. prior To any work done.

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.

1st

1. SPOT 25 SACKS @ 1,145' - WOC - TAG - TEST CASING
2. PERF AND CIRCULATE 50 SACKS FROM 300' TO SURFACE
3. INSTALL DRY HOLE MARKER AND CLEAN UP LOCATION

2nd

Set CZBP @ 1145' 4 3/5' cm.
100' cm + plg @ 1095' 8 3/8" shoe
TAG (1045' - 1145')
per S. @ 300' spot 50 SX cm.
From 300' - Surface.

STEEL PITS WILL BE USED FOR THIS PROCEDURE

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 *Mark Hobbs* TITLE agent for ocd DATE 6/4/09

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

APPROVED BY: *PhD Hawk* TITLE DATE 8/29/09

Conditions of Approval (if any):

Approval Granted providing work is complete by *11/25/09*