

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

SEP 21 2009

Form C-103
June 19, 2008

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

WELL API NO. 30-015-02645
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG - 1644
7. Lease Name or Unit Agreement Name West Artesia Grayburg Unit
8. Well Number 1
9. OGRID Number 261198
10. Pool name or Wildcat Artesia-Qn-GB-SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3633' KB

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection	
2. Name of Operator Doral Energy Corp.	
3. Address of Operator 415 W. Wall Street, Suite 500 Midland, TX 79701	
4. Well Location Unit Letter C : 990 feet from the North line and 2310 feet from the West line Section 8 Township 18S Range 28E NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3633' KB	

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 ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: **Shut-in** ☒

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.

Well did not pass annual test due to leak in the wellhead. Pulled out of hole with injection tubing and packer. Found hole in first joint of tubing in the slips. Replaced joint. Re-ran plastic coated injection tubing and repaired packer. Set packer at 2,100'. Loaded casing/tubing annulus with treated water. Pressured annulus to 500 psig. Held ok. Attempted to pump down tubing. Could not pump in. Shut well in pending workover to establish injection. Well shut-in 06/11/09.

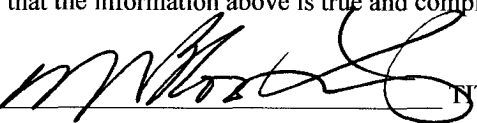
*WELL TO BE RE-PLUGGED AND RE-TESTED
BEFORE 10/23/09
RE-NMOCED
10/14/09*

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



TITLE **Vice President of Operations**

DATE **09/18/2009**

Type or print name **C.M. Bloodworth, P.E.**

E-mail address: **martyb@doralenergy.com**

PHONE: **432/789-1180**

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):