

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. 30-015-20018
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: Irene Brainard
8. Well No. 1
9. OGRID Number 18917
10. Pool name or Wildcat Atoka San Andres

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3438' GL

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 _____

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 ☒ **RECEIVED**

2. Name of Operator
Read & Stevens, Inc.

3. Address of Operator
PO Box 1518, Roswell, NM 88202

4. Well Location
Unit Letter **E** : **1650** feet from the **North** line and **990** feet from the **West** line
Section **20** Township **18-S** Range **26-E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3438' GL

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

04/09/10 Moved in rig and cementing equipment. rig up.
04/12/10 POH w/ pump and rods. Dug out cellar. NU BOP. tripped tbg. Circulated hole with mud laden fluid. Spot 40 sx class C cement @ 1475'. WOC 4 hrs. NO Tag. RIH w/ 4 1/2 CIBP and set @ 1450'. Load hole w/ mud laden fluid. Spot 20 sx class C cement on top of CIBP. POH w/ tbg. Perf'd casing @ 60'. Sqz'd 25 sx class C cement to surface. rigged Down Cleaned location.
04/14/10 Moved in backhoe and welder, cut off well head and weld on Dry Hole Marker. cut off anchors. Back filled cellar. Cleaned location.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed.

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 David Luna TITLE Engineer DATE 4/19/10

Type or print name David Luna E-mail address dluna@read-stevens.com Telephone No 622-3770
For State Use Only

APPROVED BY [Signature] TITLE [Signature] DATE 4/26/2010
Conditions of Approval (if any):

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which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed.