

KLABZUBA OIL & GAS, INC.

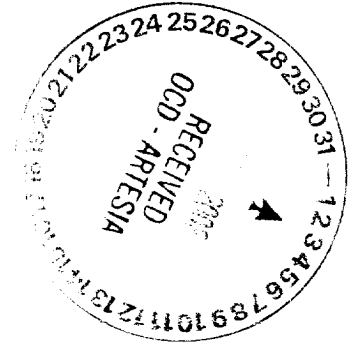
P.O. Box 40
Havre, Montana 59501

Phone 406-262-9900

Fax 406-262-9400

January 30, 2003

Tim Gum
Oil Conservation Division
1301 West Grand Ave
Artesia, New Mexico 88210



RE: White #2 N-18-10-28, API# 30-005-10165

Dear Tim,

I received your letter dated January 21st and wanted to respond to your concerns. KOGI (as per the attached sundry) performed a mechanical integrity test on the White #2 on March 26th 2002 at the request of your office.

KOGI plans to plug this well and the White #1 this summer in order to avoid the issues of non-compliance with the Oil and Gas Statutes of the State of New Mexico. If there are steps that KOGI is required to undertake prior to July 2003, please advise at the above address. Thank you.

Sincerely,

Cole T. Chandler
Operations Manager

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 87401

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
Revised March 25, 1999

WELL API NO.
30-005-10165

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

White #2

SENDRY 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

Klabzuba Oil & Gas Inc.

3. Address of Operator

P.O. Box 40 Havre MT 59501

4. Well Location

Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line

Section 18

Township 10S Range 28E

NMPM

County Chaves

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

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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 recompilation.

Perform Mechanical integrity test. (~~See attached~~)

well must be tested as per Rule 203



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

SIGNATURE Shannon Howland TITLE Receptionist DATE 2/20/02

Type or print name Shannon Howland
(This space for State use)

APPROVED BY [Signature] TITLE Wild Sep II DATE MAR 5 2002

Conditions of approval, if any: