

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30 - 025 - 36920</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>COMPASS OPERATING L.L.C.</b>		6. State Oil & Gas Lease No. <b>34367</b>
3. Address of Operator <b>400 WEST ILLINOIS, MIDLAND, TX 79701</b>		7. Lease Name or Unit Agreement Name <b>LEE "25" STATE</b>
4. Well Location Unit Letter <b>O</b> : <b>865</b> feet from the <b>SOUTH</b> line and <b>2172</b> feet from the <b>EAST</b> line Section <b>25</b> Township <b>17-S</b> Range <b>35-E</b> NMPM <b>LEA</b> County		8. Well Number <b>1</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3893' GR</b>		9. OGRID Number <b>230821</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat <b>BONE SPRING WILDCAT</b>
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 _____		

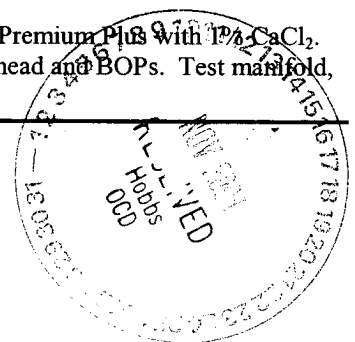
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input 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"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

11/5/04: Ran 84 joints 8 5/8", 24 and 32#, J-55, 8rd casing. Set at 3485'.  
RU Halliburton. Cement with 1200 sx Halliburton Interfill C Neat and 200 sx Premium Plus with 1% CaCl<sub>2</sub>.  
Circulate 203 sx to pit. WOC. RD Halliburton. Cut off casing stub. NU wellhead and BOPs. Test manifold,  
BOP, Kelly and floor valves.

11/6/04: Drill float and cement to 3462'. Test casing to 1000# with rig pump. OK.



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 Robert H Patterson TITLE Consulting PE DATE 11-11-04

Type or print name Robert H Patterson E-mail address: robertp@threespan.com Telephone No. 432-684-6511

For State Use Only

APPROVED BY: Larry W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 23 2004

Conditions of Approval (if any):