

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. 30-025-22123
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 20279
7. Lease Name or Unit Agreement Name Cabot State
8. Well Number 1
9. OGRID Number
10. Pool name or Wildcat Bagley Permo Penn, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4253'
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type <u>Steel</u> 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 ☐

2. Name of Operator  
Latigo Petroleum, Inc.

3. Address of Operator  
550 W. Texas, Suite 700, Midland, TX 79701

4. Well Location  
Unit Letter H : 1980 feet from the North line and 660 feet from the East line  
Section 15 Township 11S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4253'

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Steel 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 ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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. 2-16-05 Wireline set 5-1/2" CIBP @ 8900', cap w/ 35' cmt. 2-17-05 Circ. hole w/ salt gel mud. Well would not circ. Found to have open perfs. up hole. 2-17-05 Wireline set 5-1/2" CIBP @ 8700' w/ 35' cmt. on top. 2-18-05 Circ. hole w/ salt gel mud. Pressure test csg. to 500# okay. 2-21-05 Perforate @ 5900'. Set pkr. @ 5571'. Pressure up on perfs. to 1400#. 2-21-05 Spot 25 sx cmt. @ 5950' WOC & tag @ 5900'. 2-22-05 Spot 25 sx cmt. @ 5900' WOC & tag @ 5765'. 2-22-05 Perforate @ 3850', set pkr. @ 3505'. Sqz. 35 sx cmt. w/ circ. out B/H WOC & tag @ 3750'. 2-23-05 Perforate @ 1450', set pkr. @ 1126'. Sqz. 35 sx cmt. w/ circ. out B/H WOC & tag @ 1344'. 2-23-05 Perforate @ 400', set pkr. @ 62', sqz. 35 sx cmt. w/ circ. out B/H WOC & tag @ 297'. 2-24-05 Spot 10 sx cmt. @ 60' to surface. RDMO. Install dry hole marker & clean location.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

RECEIVED  
Hobbs  
OCD

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Roger Massey TITLE Agent DATE 2-28-05

Type or print name Roger Massey

E-mail address:

Telephone No. (432) 530-0907

For State Use Only

APPROVED BY: Gary W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 09 2005

Conditions of Approval (if any):