

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.	30-025-36906
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name MIRACLE NYMPH 14 STATE	
8. Well Number	001
9. OGRID Number	05898
10. Pool name or Wildcat MIDWAY;BONE SPRING	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,835' GROUND	
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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

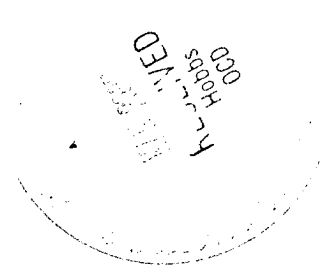
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☒

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.

12-22-04

RUN 13-3/8", 48#/ft., H-40, RD, ST & C CSG .BOTTOM OF SHOE @ 395'. CEMENT W/445 SKS. PREMIUM. CIRC. 131 SKS. T O PIT. BUMPED PLUG, WOC, & CUT OFF 13-3/8" CSG.



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 Nancy Getz TITLE PROD. ANALYST DATE 03/17/2005

Type or print name NANCY GETZ
For State Use Only

E-mail address:

Telephone No. (432)682-6685

APPROVED BY: [Signature] TITLE _____
Conditions of Approval (if any):

PETROLEUM ENGINEER

DATE

MAR 29 2005