

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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. 30-025-36935
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: STATE A A/C 2
2. Name of Operator MISSION RESOURCES CORPORATION	8. Well Number 084
3. Address of Operator 1331 LAMAR, SUITE 1455 HOUSTON, TEXAS 77010-3039	9. OGRID Number 148381
4. Well Location Unit Letter O ; 660 feet from the SOUTH line and 1886 feet from the EAST line Section 11 Township 22S Range 36E NMPM County LEA	10. Pool name or Wildcat JALMAT; TAN, YATES, 7-RVRS (GAS) 79240
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3529'	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater 137' Distance from nearest fresh water well 1000'+ Distance from nearest surface water 1000'+ Pit Liner Thickness: 12 mil Below-Grade Tank: Volume 5704 bbls; Construction Material Clay Liner: Synthetic	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: 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 COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" 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.

03/23/05 Tested 4-1/2" 11.60# J-55 LT&C to 4350 psi for 30 minutes with zero bleed off.

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 K. Gatti TITLE Regulatory Manager DATE 03/28/05

Type or print name Nancy K. Gatti

E-mail address:

Telephone No. 713-495-3128

For State Use Only

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 30 2005

Conditions of Approval, if any: