

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87401

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OCD

JUN 20 2011

RECEIVED

WELL API NO.

30-025-11169

5. Indicate Type of Lease

STATE ☐ FEE ☐ Fed ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Langlie Jack Unit

8. Well Number

14

9. OGRID Number

14372

10. Pool name or Wildcat

Langlie Mathis 7 Mrs QUGB

## 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 Injection

2. Name of Operator

McDonnold Operating Inc.

3. Address of Operator

505 N. Big Spring Suite 204, Midland Tx 79701

4. Well Location

Unit Letter 0 : 660 feet from the S line and 1980 feet from the E line

Section 20 Township 24S Range 37E NMPM Lea County NM

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

## 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 ☐  
 DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

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

OTHER: ☐

OTHER: MIT

☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6-9-11 Perform MIT. Pressure @ 370# for 30 mins.  
 Chart Signed by Buddy Hill.

Accepted for Record Only

ELG 6-29-2011

Spud Date:

Rig Release Date:

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

SIGNATURE

Craig M. McDonnold

TITLE

President

DATE

6-16-11

Type or print name

Craig M. McDonnold

E-mail address:

PHONE:

432-682-3499

For State Use Only

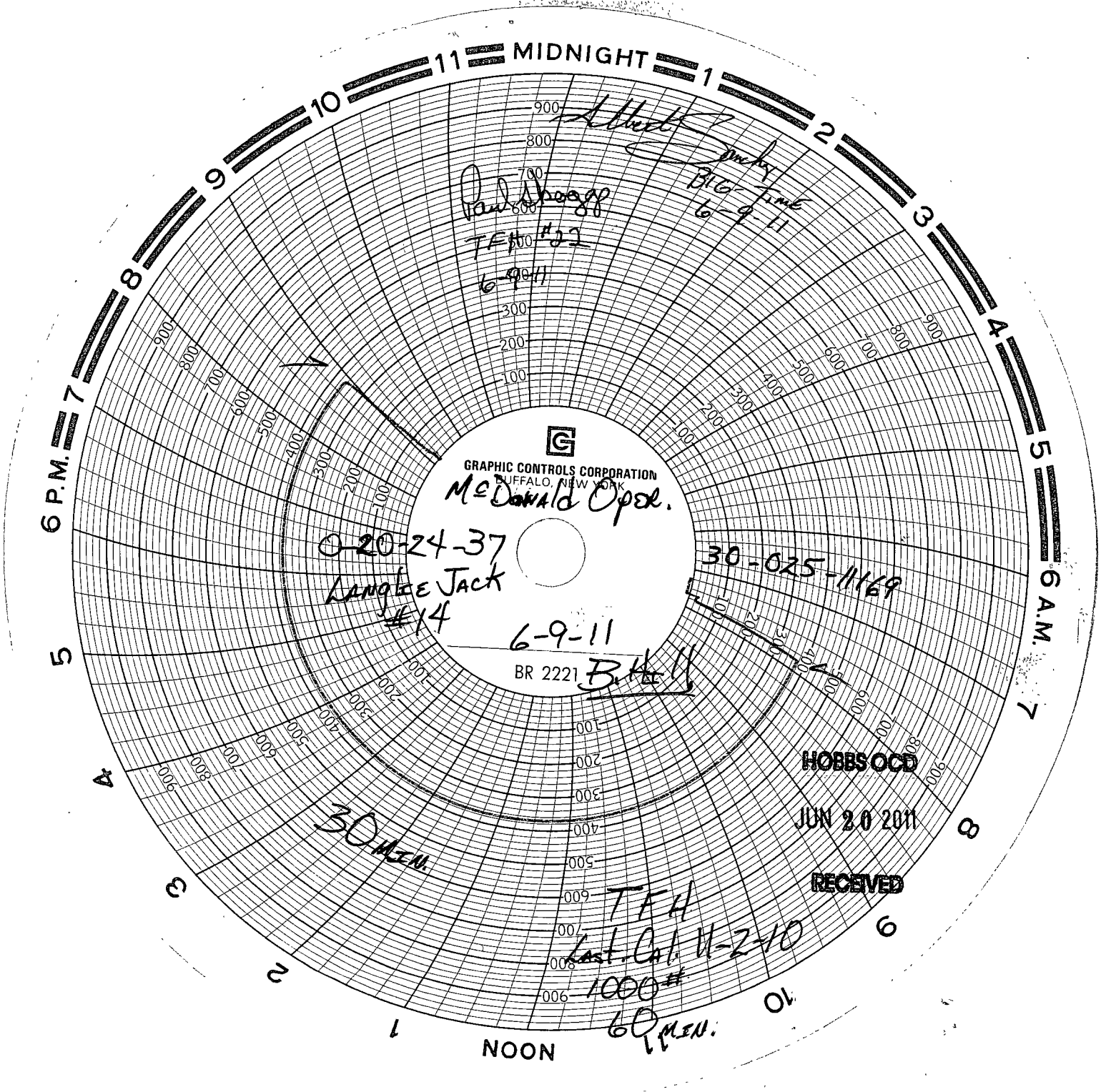
APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

JUL 01 2011



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
**McDonald Opel.**

0-20-24-37  
Langke Jack  
#14

6-9-11

BR 2221

30-025-11169

**HOBBS OGD**

**JUN 20 2011**

**RECEIVED**

TFH

Last. Cal. 11-2-10

1000#

60 MEN.

30 MEN.

NOON

6 A.M.