

Submit 1 Copy To Appropriate District Office

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 87410
District IV - (505) 476-3460
1220 S St Francis Dr, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
HOBBS OCD
OIL CONSERVATION DIVISION
JUN 27 2011
320 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
October 13, 2009

RECEIVED 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)		WELL API NO. 30-025-11276
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed
2. Name of Operator McDonnell Operating Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 505 N. Big Spring, Suite 204, Midland, Tx 79701		7. Lease Name or Unit Agreement Name Langlie Jack Unit
4. Well Location Unit Letter A 330 feet from the N line and 330 feet from the E line Section 29 Township 24S Range 37E NMPM Lea County		8. Well Number 17
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 14372
		10. Pool name or Wildcat Langlie Mattix 7RVR5 QN 6B

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER MIT <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 19 15 7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

perform MIT on 6-20-11 @ 8:30 a.m.

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

G. M. McDonnell

TITLE

President

DATE

6-16-11

Type or print name

Craig M. McDonnell

E-mail address:

PHONE

432-682-3499

For State Use Only

APPROVED BY

[Signature]

TITLE

Staff MGR

DATE

6-27-2011

Conditions of Approval (if any)

JUL 01 2011