

Office

October 13, 2009

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

Energy, Minerals and Natural Resources

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-11276

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

17

9. OGRID Number

14372

10. Pool name or Wildcat

Langlie Mattix Trvrs UN 6B

**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 A : 330 feet from the N line and 330 feet from the E lineSection 29 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: ☐

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.

POOH w/ tbg &amp; PKR. Test tbg GIH. Reset PKR.

Pressure test ann.

Accepted for Record Only

ECG 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

6-8-11

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