

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

Form C-103
Revised August 1, 2011

HOBBS OCD
AUG 24 2011
RECEIVED

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

| | | |
|--|--|---|
| 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. 30-025-24814 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator McDonnold 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 State A 16 |
| 4. Well Location Unit Letter <u>M</u> : <u>330</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>16</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> County | | 8. Well Number <u>001</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number 14372 |
| | | 10. Pool name or Wildcat <u>Langlie Mat/x</u> <u>7 Rivers Queen Grayburg</u> |

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 checked="" 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: <input 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.

8/15/2011 Move in rig up and start laying down rods. Rods were parted...body break at 2500'. Install BOP and start stripping tubing out of the whole. SION

8/16/2011 Pull tubing to rods left in the hole. Unseated pump and finished laying rods down. Finished pulling tubing. Tubing tally: 3375' with 104 joints. RIH with tubing and spot 25 sx class C cement at 3375'. Depth okayed by OCD. Spotted plug and SION.

8/17/2011 RIH and tag plug at 3087'. Circulated hole with brine and mud. POH to 1301 and spot 25 sx class C cement. WOC and tag. Tagged cement at 1121'. POH with tubing and perf squeeze holes at 460. Pressured up to 300 psi and held for 15 minutes. Bumped pressure up to 500 psi as per OCD. Observed for 15 minutes. No drop. RIH with tubing to 524' and filled 5 1/2" casing up to surface with class C cement. Took 55 sx to get good cement to surface.

8/18/2011 Cut off anchors, remove wellhead, and installed marker.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms: www.emnrd.state.nm.us/oed.

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 8/22/11

Type or print name Craig M. McDonnold E-mail address: _____ PHONE: 432-682-3499
For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 8-25-2011
Conditions of Approval (if any): _____