

HOBBS OCD
MAR 19 2012
RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-34181
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-4226
7. Lease Name or Unit Agreement Name Central EK Queen Unit
8. Well Number 013
9. OGRID Number 20497
10. Pool name or Wildcat EK-Yates-SR-Queen

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 type="checkbox"/> Other <u>Water Inj.</u>	
2. Name of Operator Seely Oil Company	
3. Address of Operator 815 W. 10 th St., Ft. Worth, TX 76102	
4. Well Location Unit Letter N: 330 feet from the South line and 2310 feet from the West line Section 7 Township 18S Range 34E NMPM Lea County, NM	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4094.5' RKB	

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well failed a recent MIT. Seely Oil Company respectfully requests permission to pull the tubing and make repairs. Prior to returning the well to water injection, an MIT will be performed.

Per Underground Injection Control Program Manual
11.6 C Packer shall be set within or less than 100
feet of the uppermost injection perfs or open hole.

Condition of Approval: The operator shall give 24 hour
notice to the appropriate District office before work begins

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart.

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

SIGNATURE David L. Henderson TITLE: Executive Vice PresidentDATE 3/15/12

Type or print name: David L. Henderson

E-mail address: dhenderson@seelyoil.com

PHONE: 817-332-1377

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGRDATE 4-10-2012

Conditions of Approval (if any):

APR 10 2012