

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

AUG 24 2012

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

RECEIVED

Form C-103

Revised August 1, 2011

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. 30-025-28598
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 type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Lawson Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 52667, Midland, TX 79710		7. Lease Name or Unit Agreement Name Bryan
4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>13</u> Township <u>19S</u> Range <u>35E</u> NMPM Lea County		8. Well Number 01
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3733 GL		9. OGRID Number 270358
		10. Pool name or Wildcat Wildcat <u>WC-025 G-7 5193513B</u> <u>Bone Spring</u>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK X 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Pull production equipment, run in hole with packer on tubing and acidize existing Bone Springs perforations with 10,000 gallons 20% HCl

Estimated start date is 8-29-12

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 [Signature] TITLE

Manager DATE 8-23-12

Type or print name Phillip Lawson

E-mail address: pllawn@aol.com

PHONE: 432-556-0797

For State Use Only

APPROVED BY [Signature] TITLE Dist Mgr

DATE 8-27-2012

Conditions of Approval (if any):

AUG 27 2012