

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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 - 36920
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 COMPASS OPERATING L.L.C.		6. State Oil & Gas Lease No. 34367
3. Address of Operator 400 WEST ILLINOIS, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name LEE "25" STATE
4. Well Location Unit Letter O : 865 feet from the SOUTH line and 2172 feet from the EAST line Section 25 Township 17-S Range 35-E NMPM LEA County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3893' GR		9. OGRID Number 230821
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat BONE SPRING WILDCAT
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: COMPLETION WORK <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

05/13/05: Perforated 9138'-60' and 9164'-78' with 3-1/8 slick gun (2 spf)

05/14/05: Acidized with 2500 gallons 15% NE acid. Flow back and swab well for 3 days.

05/18/05: Frac well with 1759 bbls gelled KCl and 74,100# econoprop.
Avg rate 29 bpm, ISIP 6100#, 5 min SIP 4829#, 10 min SIP 4739#, 15 min 4669#

05/24/05: Ran rods and pump. RD pulling unit.

06/02/05: Set pumping unit and start pump testing well into frac tank.

Anticipate pump testing well for 30 days.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Robert H Patterson TITLE Consulting PE DATE 6-6-05

Type or print name Robert H Patterson E-mail address: robertp@threespan.com Telephone No. 432-684-6511
For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE _____
Conditions of Approval (if any): _____

JUN 09 2005