

Submit 3 Copies To Appropriate District Office  
District I  
1625 1/2 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

WELL API NO. 30-041-10586
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Todd Lower San Andres Unit
8. Well Number 356
9. OGRID Number 227001
10. Pool name or Wildcat Todd; Lower San Andres (Assoc)

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Latigo Petroleum, Inc.	
3. Address of Operator 550 W. Texas, Suite 700 Midland, TX 79701	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>35</u> Township <u>7S</u> Range <u>35E</u> NMPM County <u>Roosevelt</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4178' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type <u>steel</u> 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:		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"/>	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/10/05 Run G/R to 4225', set 4-1/2" CIBP @ 4212', cap CIBP w/ 35' cmt. w/ bailer. 8/10/05 Circulate hole w/ MLF, test csg. to 500#, OK. 8/11/05 Spot 25 sx. cmt. @ 2260' - 1882' in 4-1/2" csg. 8/11/05 Perforate @ 370', set pkr. @ 125', est. rate out b/h, sqz. 50 sx. cmt. thru perfs, displace to 270', WOC & tag @ 262'. 8/11/05 Spot 10 sx. cmt. @ 100' to surface. 8/11/05 RDMO. Cut off wellhead & anchors, install dry hole marker, and clean location.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.



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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Roger Massey TITLE Agent DATE 8/15/05

Type or print name Roger Massey E-mail address: \_\_\_\_\_ Telephone No. 432-530-0907

For State Use Only

APPROVED BY: Gary W. Wink DATE AUG 25 2005  
Conditions of Approval (if any): \_\_\_\_\_

ORIGINAL SIGNED BY  
GARY W. WINK  
FIELD REPRESENTATIVE II/STAFF MANAGER