| Submit 3 Copies To Appropriate District Office District I State of New M Energy, Minerals and Nat   |   |
|---|---|
| 1625 N. French Dr., Hobbs, NM 88240   | WELL API NO.  |
| District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION  | N DIVISION 30-041-10597  5. Indicate Type of Lease                    |
| District III 1220 South St. Fra   | incis Dr. STATE STATE FEE   |
| 1000 Rio Brazos Rd., Aztec, NM 87410  District IV  Santa Fe, NM 8   |   |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | OG 1395   |
| SUNDRY NOTICES AND REPORTS ON WELL  |   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PIDIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) I   | COD GLICH   |
| PROPOSALS.)   | Todd Lower San Andres Unit  8. Well Number 359                        |
| 1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injection  2. Name of Operator   | 9. OGRID Number   |
| Latigo Petroluem, Inc.  | 227001  |
| 3. Address of Operator 550 W. Texas, Suite 700  | 10. Pool name or Wildcat  |
| Midland, TX 79701   | Todd;Lower San Andres (Assoc)   |
| 4. Well Location  |   |
| Unit Letter I : 1980 feet from the South line and 660 feet from the East_line  Section 35 Township 7S Range 35E NMPM County Roosevelt   |   |
| Section 35 Township 7S Range 35E NMPM County Roosevelt  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |
| 4178'   |   |
| Pit or Below-grade Tank Application or Closure  |   |
| Pit typesteelDepth to GroundwaterDistance from nearest fresh w  | ater 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 PLUG AND ABANDON  | REMEDIAL WORK ALTERING CASING   |
| TEMPORARILY ABANDON   | COMMENCE DRILLING OPNS.☐ P AND A ☐                                    |
| PULL OR ALTER CASING   MULTIPLE COMPL   | CASING/CEMENT JOB   |
| OTHER:  | 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.  |   |
| 8/9/05 Cap pre-existing CIBP @ 4100' w/ 35' cmt. (dump bailer).   |   |
| 8/9/05 Circ hole w/ MLF, test csg. To 500#, OK.   |   |
| 8/9/05 Spot 25 sx. cmt. @ 2292' – 1914' in 4-1/2" csg.  |   |
| 8/9/05 Perforate @ 350', set pkr. @ 125', sqz. 50 sx. cmt., displace to 287', WOC & tag @ 284'. 8/10/05 Spot 10 sx. cmt. @ 100' - surface.  |   |
| 8/10/05 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 TITLE   | AgentDATE8/15/05  |
| Type or print name  Roger Massey  E-mail address:  Telephone No. 432-530-0907   |   |
| For State Use Only  Roger Massey  E-mail address:  Telephone No. 432-530-0907   |   |
| ALLE D REPRESENTATIVE ILISTAFF MANAGE ALLE O 5 2005   |   |
| APPROVED BY: DATE DATE DATE DATE DATE DATE DATE DATE  |   |