

**HOBBS OCD**

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

APR 24 2013

State of New Mexico  
Energy, Minerals and Natural Resources  
**RECEIVED** OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

|   |  |
|---|--|
| WELL API NO.<br>30-025-03820  |  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>   |  |
| 6. State Oil & Gas Lease No.<br>E-2359  |  |
| 7. Lease Name or Unit Agreement Name<br>State L "A"   |  |
| 8. Well Number 12   |  |
| 9. OGRID Number<br>258350   |  |
| 10. Pool name or Wildcat<br>Lovington Drinkard  |  |
| 4. Well Location<br>Unit Letter <u>K</u> <u>2310'</u> feet from the <u>South</u> line and <u>2310'</u> feet from the <u>West</u> line<br>Section <u>1</u> Township <u>17S</u> Range <u>36E</u> NMPM County <u>Lea</u> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |

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

|  |   |  |   |
|--|---|--|---|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                     |   |
| 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"/>       |   |
| DOWNHOLE COMMINGLE <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 4/2/13 Notify OCD 24 hrs prior to move in to P & A
- 4/3/13 Tag PBD, circ 115 bbl ml/ brine
- 4/4/13 Spot 40x cmt 4820'-4463' tag @ 4445'perf / sqz 50x cmt 3800'-3700' tag @ 3675'
- 4/5/13 Perf / sqz 75x cmt 3000' -2800' tg @ 2769' perf & sqz 75x cmt 1865'-1865' tag @ 1843'
- 4/8/13 Perf / sqz 200x cmt 350' surf, tag @ surf
- 4/8/13 Cut off well heads, install dry hole marker, clean location

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnr.state.nm.us/oed.

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  TITLE Agent DATE 4/10/13  
 Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600

**For State Use Only:**  
 APPROVED BY  TITLE DIST. MGR DATE 4-25-2013  
 Conditions of Approval (if any):

A.M.

APR 25 2013