## 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 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 District IV - (505) 476-3460 Santa Fe, NM 87505   | Form C-103 Revised August 1, 2011  WELL API NO. 30-025-41554  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No.  |
|--|--|
| 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  Gas Well  Other  2. Name of Operator  Brammer Engineering, Inc  3. Address of Operator  | 7. Lease Name or Unit Agreement Name H T Mattern NCT B  8. Well Number 29  9. OGRID Number 4325 305165  10. Pool name or Wildcat |
| 400 Texas St, Ste 600, Shreveport, LA 71101  4. Well Location  Unit Letter J: 2310 feet from the South line and 1460 feet from the East line Section 30 Township 21S Range 37E NMPM Lea County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  3485 GR  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 ALTERING CASING  |  |
| TEMPORARILY ABANDON  |  |
| Change to new APD (well not spudded yet): Surface csg depth changed to 1225', 470 sxs cement (details below); Production csg depth changed to 3999', 620 sxs cement (details below).  Cement Proposal Changes:  Surface: Lead - 280 sxs Class C + 2% CaCl2 - Flake (Accelerator) (13.50 ppg, 1.58 yld)  Tail - 190 sxs Class C + 1% CaCl2 - Flake (Accelerator) (14.80 ppg, 1.34 yld)  Production: Lead - 290 sxs 35/65 Poz/Class C + 0.6% Halad (R)-9 + 0.125 lb/sk Kol-Seal + 5% Salt (12.4 ppg, 2.12 yld)  Tail - 330 sxs 50/50 Poz/Class C + 0.6% Halad (R)-9 + 0.125 lb/sk Kol-Seal + 5% Salt (14.20 ppg, 1.32 yld) |  |
| Spud Date: Rig Release Date:   |  |
| I hereby certify that the information above is true and complete to the best of my knowledge   | e and belief.  |
| SIGNATURE Addy by by TITLE Co-Admin, Regulatory Dep  | to proceed Michael   |
| Type or print name Adonya Dryden E-mail address: addrya dryden@  For State Use Only  APPROVED BY: TITLE  | PHONE: 318-429-2277  PHONE: APR 7 3 2014  DATE   |
| Conditions of Approval (if any)  |  |