Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	• • • • • • • • • • • • • • • • • • • •		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-38348 C 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
process of the second of the s	TICES AND REPORTS ON	N WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP			,
DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	JCATION FOR PERMIT" (FORM	VIC-101) FOR SUCH	Cooper 24 Federal Com
1. Type of Well: Oil Well	Gas Well Other SWD		8. Well Number 2
2. Name of Operator		HOBBS OCD	9. OGRID Number 256512
CML Exploration, LLC	Box 890	- 2014	10 P 1
	ler, TX 79549	ANG 3 2 5014	10. Pool name or Wildcat SWD; Paddock 96190
4. Well Location			SWD, Laddock 90190
	: 1650 feet from the	_SOUTH RECEIVED line and	910 foot from the EAST line
Section 24	Township 17		
Section 24			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4075' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING		☐ CASING/CEME	-
DOWNHOLE COMMINGLE	•		
CLOSED-LOOP SYSTEM]	_	
OTHER:	mleted exercises (Clearly	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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
Bradenhead Test and MIT Test Performed. See attached chart.			
Bradefileau Test and WITT Test I Chormed. See attached chart.			
Spud Date:	Rig R	elease Date:	
		L	
I hereby certify that the information	a ahove is true and complete	a to the hest of my knowled	ge and helief
Thereby certify that the information	Tabove is true and complete	e to the best of my knowled	ge and benef.
	7)		
SIGNATURE South	TITL	E_ENGINEER	DATE 8/4/2014
	г .	1 11 '	NHONE 225 572 2752
Type or print name _Jordan Owens For State Use Only	E-mai	l address: _owensj@cmlex	p.com PHONE: _325-573-0750
Tot State Use Only			
APPROVED BY: Sill So.	vamak TITLI	Staff Manage	V DATE 9/3/2014
Conditions of Approval (if any): FOR RECORD ONLY			

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