

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-29997
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 303794
7. Lease Name or Unit Agreement Name Sanmal Queen Unit
8. Well Number #010
9. OGRID Number 20989
10. Pool name or Wildcat SANMAL; QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 **Injection**

2. Name of Operator
Smith + Marrs Inc.

3. Address of Operator
P.O. Box 863 Kermit TX, 79745

4. Well Location
Unit Letter **C** : **530** feet from the **N** line and **1750** feet from the **W** line
Section **12** Township **17S** Range **33E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: **MP + MB Testing** ☒

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.

**MP + MB Testing Done 8-18-14
was witnessed by OCD Inspector**

Spud Date:

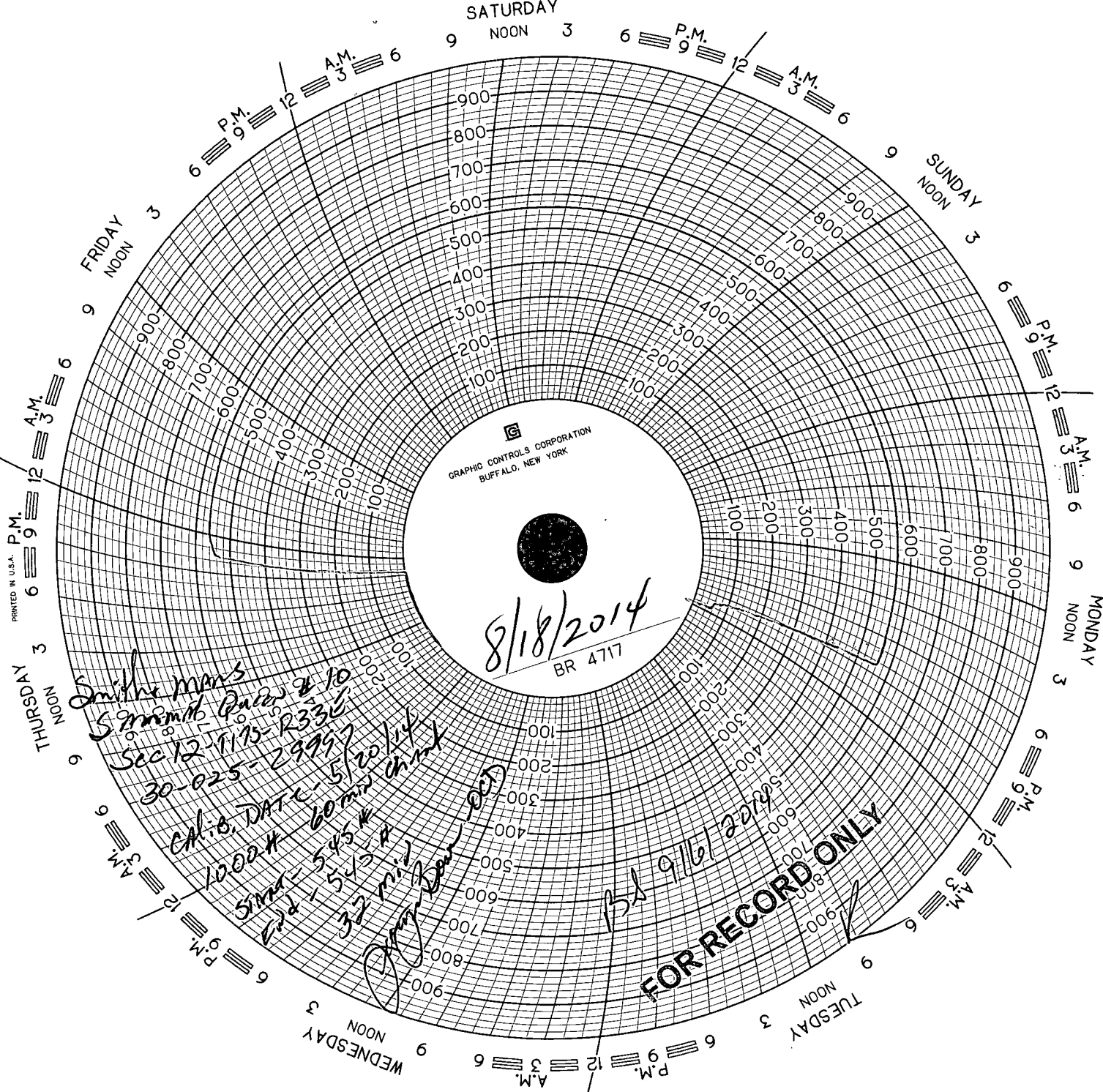
Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Amanda Taylor TITLE production - clerk DATE 8-20-14
Type or print name Amanda Taylor E-mail address: taylorataylor16@aol.com PHONE: 432-586-3076
For State Use Only

APPROVED BY: Bill Sanam TITLE State Manager DATE 9/6/2014
Conditions of Approval (if any): **FOR RECORD ONLY**

SEP 12 2014



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

8/18/2014
BR 4717

FOR RECORD ONLY

Smith's men
5 min. 10
Sec 12-1115-R336
30-025-29997
CAL-B. DATE 5/20/14
1000# 60 min. drink
5 min 545#
5 min 545#
32 min 32 min
32 min 32 min

Bd 9/16/2014

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