

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. Hobbs, NM 87505

AUG 28 2014

WELL API NO. <b>30-025-30175</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>303794</b>
7. Lease Name or Unit Agreement Name <b>Sanmal Queen unit</b>
8. Well Number <b>#002</b>
9. OGRID Number <b>20989</b>
10. Pool name or Wildcat <b>Sanmal ; Queen</b>
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 + Mass Inc**

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

4. Well Location  
 Unit Letter **L** : **1500** feet from the **S** line and **990** feet from the **W** line  
 Section **01** Township **17S** Range **33E** NMPM County **Lea**

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 checked="" 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 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>Testing</b>	<input checked="" 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.

**packer set @ 3652**  
**MIT Testing Done (8-14-14)**

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 8-18-14

Type or print name Amanda Taylor E-mail address: taylorataylor16@aol.com PHONE: 432-586-3076

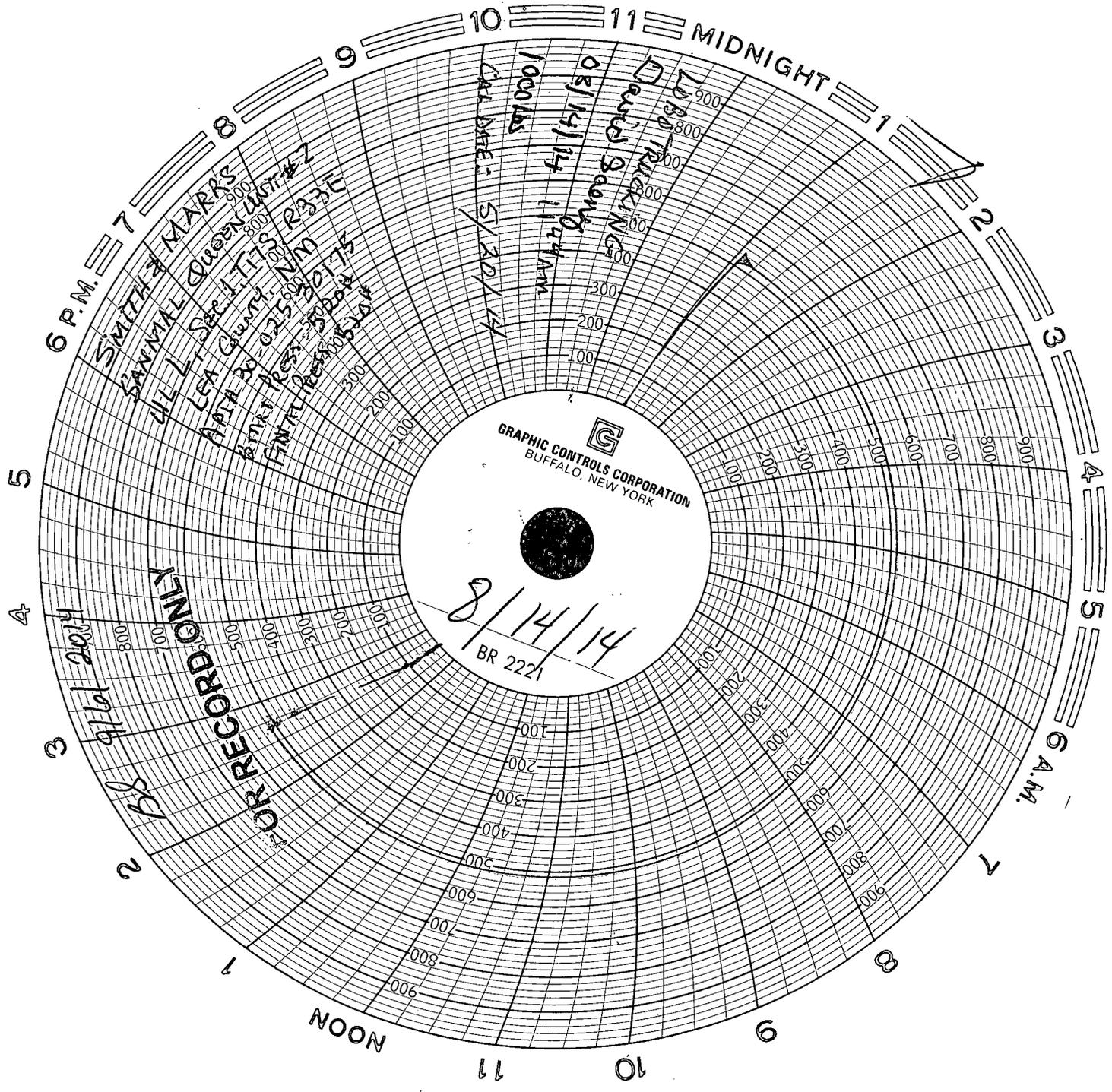
APPROVED BY: Bill Sonamaki TITLE Staff Manager DATE 9/6/2014

Conditions of Approval (if any):

**FOR RECORD ONLY**

SEP 12 2014

*AM*



SMITH & MARAS  
L. L. SMITH  
LEA L. SMITH  
A. L. SMITH  
B. L. SMITH  
C. L. SMITH  
D. L. SMITH  
E. L. SMITH  
F. L. SMITH  
G. L. SMITH  
H. L. SMITH  
I. L. SMITH  
J. L. SMITH  
K. L. SMITH  
L. L. SMITH  
M. L. SMITH  
N. L. SMITH  
O. L. SMITH  
P. L. SMITH  
Q. L. SMITH  
R. L. SMITH  
S. L. SMITH  
T. L. SMITH  
U. L. SMITH  
V. L. SMITH  
W. L. SMITH  
X. L. SMITH  
Y. L. SMITH  
Z. L. SMITH

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

8/14/14  
BR 2221

FOR RECORD ONLY  
9/16/2014

