

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- 224344 24344
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name
8. Well Number 15
9. OGRID Number 288173
10. Pool name or Wildcat Sawyer, San Andres West

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 SWD ☐

2. Name of Operator
Stanolind Operating LLC DBA Stanolind NM LLC

3. Address of Operator
310 W. Wall Street, Suite 1000, Midland, TX 79701

4. Well Location

Unit Letter **B** : **800** feet from the **N** line and **2121** feet from the **E** line
Section **34** Township **9S** Range **37E** NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3936' GR

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: ☐

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.

This well failed the scheduled pressure test. We plan to pull the tubing and packer and make necessary repairs.

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

Per Underground Injection Control Program Manual
11.6 C Packer shall be set within or less than 100
feet of the uppermost injection perfs or open hole.

The Oil Conservation Division
Spud Date: **MUST BE NOTIFIED 24 Hours** Rig Release Date:
Prior to the beginning of operations

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

SIGNATURE Billy M. Priebe TITLE Ex. VP OPERATIONS DATE 10/20/14
Type or print name Billy M. Priebe E-mail address: bpriebe@stanolind.com PHONE: 432-640-0040
For State Use Only
APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 10/27/2014
Conditions of Approval (if any)

OCT 27 2014