| Submit I Copy To Appropriate District Office  | State of N                          | lew Mexico                                |   | Form C-103   |
|---|-------------------------------------|---|---|--|
| <u>District I</u> – (575) 393-6161  | Energy, Minerals a                  | nd Natural Resources                      | WELL ADINO                              | Revised July 18, 2013  |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283          | OH COMOTES!                         | ATION DIVIDIO                             | WELL API NO.<br>30-025-25342            | _  |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178                |                                     | ATION D <b>IMASION</b><br>St. Francis Dr. | 5. Indicate Type of L                   |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South<br>Santa Fe              | NM 87505CT <b>2 4</b> 2                   | STATE STATE                             | FEE 🛛  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM        | Santa I C,                          | THE STOCK 2 4 2                           | 6. State Oil & Gas Le                   | ase No.  |
| 87505<br>SUNDRY NOTI  | CES AND REPORTS ON                  | WELLS SEPARATE                            | 7. Lease Name or Un                     | it Agreement Name  |
| (DO NOT USE THIS FORM FOR PROPOS<br>DIFFERENT RESERVOIR. USE "APPLIC<br>PROPOSALS.) | SFPRR                               | /   |   |  |
| 1. Type of Well: Oil Well   | 8. Well Number 19                   | _   |   |  |
| 2. Name of Operator   | 9. OGRID Number                     |   |   |  |
| Stanolind Operating LLC DBA Sta  3. Address of Operator                             | 288173<br>10. Pool name or Wil      | deat                                      |   |  |
| 310 W. Wall Street, Suite 1000, Mi  | Sawyer, San Andres V                |   |   |  |
| 4. Well Location  |                                     |   | ·   · · · · · · · · · · · · · · · · · · |  |
| Unit Letter M :   | 660 feet from the                   | S line and                                | feet from t                             | he   |
| line  |                                     |   |   |  |
| Section 27  |                                     |   |   | ea County  |
|   | 11. Elevation (Show whe<br>3968' GR | iner DK, KKB, KT, GR,                     | etc.)                                   |  |
|   |                                     |   | The same and a second second second     | Section of the sectio |
| 12. Check A   | appropriate Box to Ind              | icate Nature of Noti                      | ce, Report or Other Dat                 | a  |
| NOTICE OF IN  | TENTION TO:                         | 9   | UBSEQUENT REPO                          | RT ∩F·   |
| PERFORM REMEDIAL WORK ⊠   |                                     | ☐ REMEDIAL W                              |   | TERING CASING  |
| TEMPORARILY ABANDON   | CHANGE PLANS                        | <del>-</del> I                            | DRILLING OPNS.□ PA                      | ND A   |
| PULL OR ALTER CASING  | MULTIPLE COMPL                      | ☐ CASING/CEM                              | ENT JOB                                 |  |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM   |                                     |   |   |  |
| OTHER:  |                                     | OTHER:                                    |   |  |
| 13. Describe proposed or compl  |                                     |   |   |  |
| of starting any proposed wo proposed completion or reco                             |                                     | 4 NMAC. For Multiple                      | Completions: Attach wellt               | ore diagram of   |
| proposed completion of reco   | , mpietrom                          |   |   |  |
| This well felled the selectuled based on  | shood toot 1875 mion to mill        | the tubing and mades                      |   |  |
| This well failed the scheduled brader   | inead test. We plan to pull         | the tubing and packer a                   | nd make necessary repairs.              |  |
|   |                                     |   |   |  |
| Condition of Appro-   | val: notify                         | Per Undergrou                             | nd Injection Control Prog               | ram Manuai   |
| OCD Hobbs office  | 24 hours                            | 11.6 C Pack                               | er shall be set within or le            | s than 100   |
| prior of running MIT  | Test & Chart                        | feet of the un                            | permost injection perfs or              | onen hale  |
| biioi oi i dimining mai i   | rost & Calait                       |   | Larman manage has most                  | open notes   |
| The Oil Conservati  | on Division                         |   |   |  |
| MUST BE NOTIFIE   |                                     |   |   |  |
| Spud Date_ ]  | i Kig Ke                            | elease Date:                              |   |  |
| Prior to the beginning  | or oberations                       |   |   |  |
| I hereby certify that the information a   | shove is true and complete          | to the best of my knowl                   | adge and balief                         |  |
| Thereby certify that the information a  | toove is true and complete          | to the best of my know                    | edge and belief.                        |  |
| Ring Di   | CONTON A                            | - E 1/1 - PC 0                            | D.4700                                  | 1. (2. ) 4   |
| SIGNATURE /S/L /1. P.J.   | TTILI                               | E EX. YP OVERANCE                         | DATE.                                   |  |
| Type or print name Billy M. Printer State Use Only                                  | e <b>loe</b> E-mai                  | l address: <b>bpriebe@</b>                | Standing Com Phon                       | E: <u>432-640-604</u>  |
| For State Use Only  | , l .                               | <b>.</b>                                  | •                                       | , /  |
| APPROVED BY:  | DIQUIN SITTLE                       | Dist Sun                                  | DUUGOU DATE                             | 10/27/2014   |
| Conditions of Approval (if any):  |                                     |   |   | 10.1   |
| 7   |                                     |   |   | OCT 2 7 2014   |
|   |                                     |   |   |  |