

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
HOBBS OCD

WELL API NO. 30 005 10502
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FEED
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CSAM
8. Well Number 57
9. OGRID Number
10. Pool name or Wildcat CSAM
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELL **NOV 06 2014**
 (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 **RECEIVED**

2. Name of Operator **CARO Petroleum of New Mexico**

3. Address of Operator **823 S. Detroit Tulsa, OK 74120**

4. Well Location
 Unit Letter **P** : **660** feet from the **N** line and **1000 600** feet from the **W** line
 Section **H 10** Township **85** Range **30E** NMPM County **CHAVEZ**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>		OTHER: MIT	<input checked="" type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input 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.

Pressured up to # 420 for 32 minutes
Static Pressure # 420 **Ending Pressure # 420**

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 **Robert McKenzie** TITLE **SR. Field Operations mgr.** DATE **9/2/14**
 Type or print name **Robert McKenzie** E-mail address: **robert.mckenzie@nsm.com** PHONE: **432-425-3156**
For State Use Only

APPROVED BY: **Bill Senowah** TITLE **Staff Manager** DATE **11/7/2014**
 Conditions of Approval (if any):

FOR RECORD ONLY

NOV 12 2014

