

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 - (305) 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. 30-004-120477
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Federal
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Tommyhawk Cone Fed
8. Well Number 8
9. OGRID Number
10. Pool name or Wildcat Cone FEDERAL
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

NOV 06 2014

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR 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 **923 S. Detroit Tulsa, OK 74120**

4. Well Location
 Unit Letter **P** Section **31** **660** feet from the **S** line and **660** feet from the **E** line
 Township **7S** Range **32E** NMPM County **Roosevelt**

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: MT	<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 # 400 for 32 minutes
Starting Pressure # 400 Ending Pressure # 420

Spud Date: Rig Release Date:

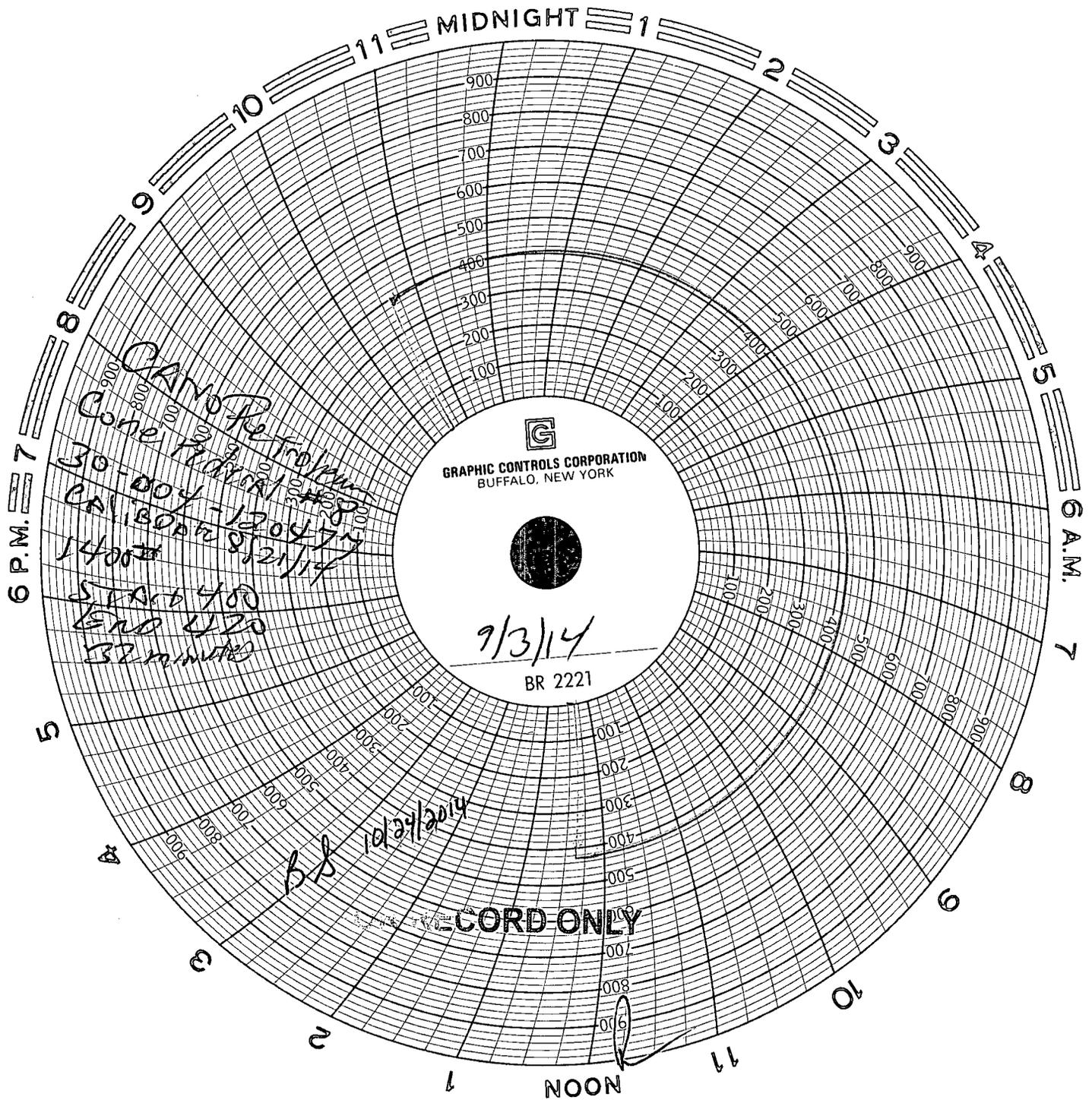
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Robert McKenzie TITLE: SR. Field Operations mgr. DATE: 9/13/14
 Type or print name: Robert McKenzie E-mail address: robert.mckenzie@nbt-services.com PHONE: 432-425-3125

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

FOR RECORD ONLY

NOV 12 2014 *h*



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

9/3/14

BR 2221

10/27/2014

bb

RECORD ONLY

CARNO Retrolin
Cone Federal
30-004-120474
CALIBORN 8/21/14
1400
START 450
END 1120
137 minutes