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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM

HOBBS OCD
NOV 06 2014
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-005-29200 / 30000 ✓
5. Indicate Type of Lease STATE ☐ FEE ☐ Fed
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: CSAU
1. Type of Well: Oil Well ☒ Gas Well ☒ Other
8. Well Number 19 ✓
2. Name of Operator: CAMO Petroleum of New Mexico
9. OGRID Number
3. Address of Operator: 823 S. Detroit Tulsa, OK 74120
10. Pool name or Wildcat: CSAU
4. Well Location
Unit Letter F A : 660 feet from the N line and 660 feet from the E line
Section 10 Township 8S Range 30E NMPM County CHAVES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) ✓

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: MIT ☒	

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 # 360 for 32 minutes
Starting Pressure # 360 Ending Pressure # 360

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@bjservices.com PHONE: 432-425-3150

For State Use Only

APPROVED BY: Bill Samanah TITLE Staff Manager DATE 11/7/2014

Conditions of Approval (if any):

NOV 12 2014

FRIDAY
NOON
SATURDAY
NOON
SUNDAY
NOON
MONDAY
NOON
TUESDAY
NOON
WEDNESDAY
NOON
THURSDAY
NOON
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