

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
 Santa Fe, NM 87505
HOBBS OCD

NOV 06 2014

WELL API NO. 30-005-20090 ✓	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fee	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name CSOU	
8. Well Number 88 ✓	
9. OGRID Number	
10. Pool name or Wildcat CSAU	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

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

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

4. Well Location
 Unit Letter **H** : **1970** feet from the **N** line and **660** feet from the **E** line
 Section **15** Township **8S** Range **30E** NMPM County **Chaves**

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT <input checked="" type="checkbox"/>	
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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 #410

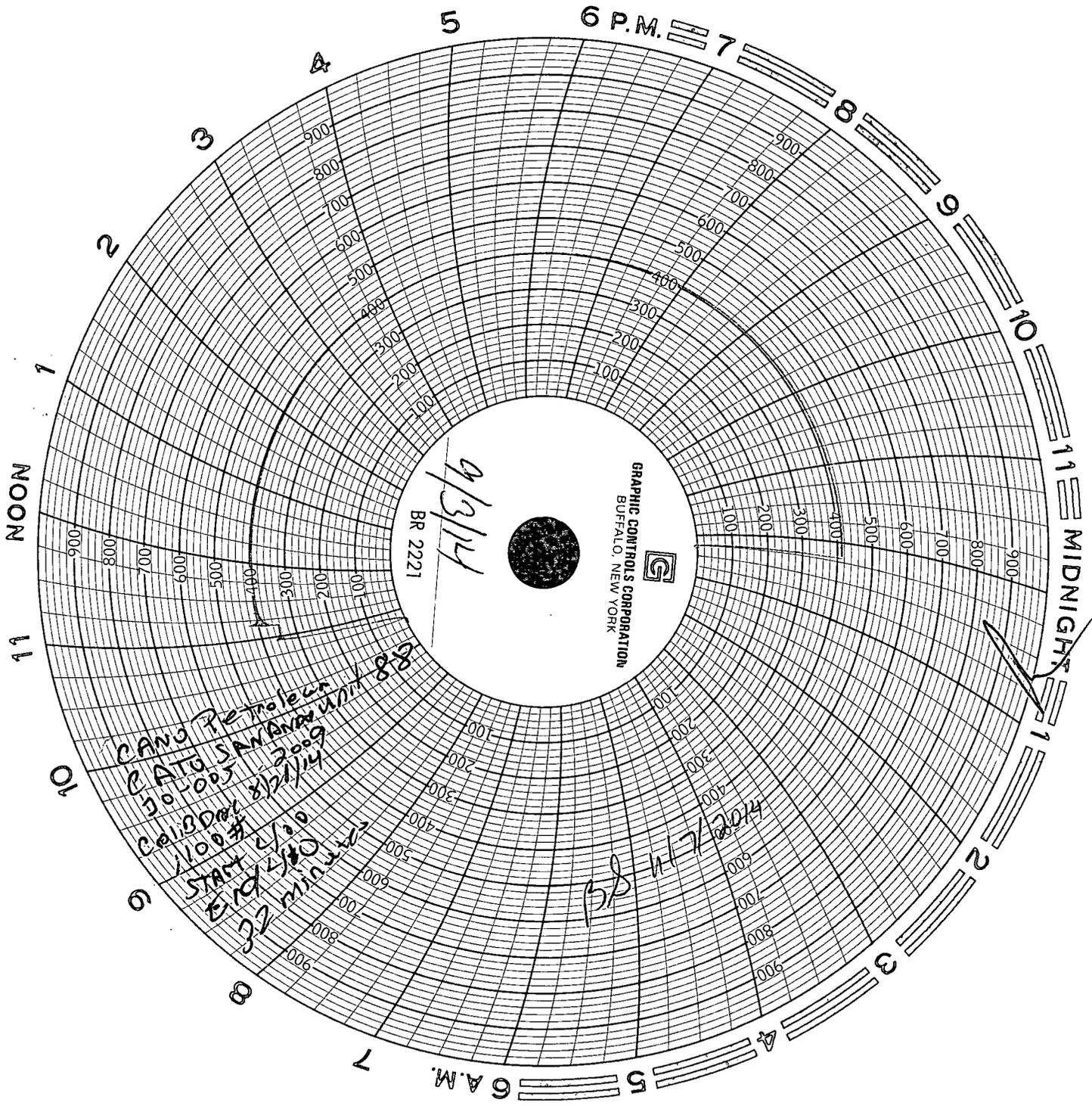
Spud Date: Rig Release Date:

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: 432-425-3150

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

FOR RECORD ONLY
 NOV 12 2014



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK



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