

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

October 13, 2009

RECEIVED  
OCT 13 2009  
HOBBS CO

WATER CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. <b>30-025-23127</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>300982</b>
7. Lease Name or Unit Agreement Name <b>Shell B State Com</b>
8. Well Number <b>1</b>
9. OGRID Number <b>230601</b>
10. Pool name or Wildcat <b>Bagley; Perm Penn North</b>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>J M Cox Resources, LP</b>	
3. Address of Operator <b>P O Box 2217, Midland, TX 79702</b>	
4. Well Location Unit Letter <b>A</b> ; <b>510</b> feet from the <b>N</b> line and <b>660</b> feet from the <b>E</b> line Section <b>5</b> Township <b>12S</b> Range <b>33E</b> NMPM County <b>Lea</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4259 GR</b>	

12. Check Appropriate Boxes Indicate Nature of Notice, Report or Other Data	
<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> <b>CONVERSION</b> <input type="checkbox"/> <b>RBDMS</b> <input type="checkbox"/> <b>RETURN TO</b> <input type="checkbox"/> <b>TA</b> <input type="checkbox"/> <b>CSNG</b> <input type="checkbox"/> <b>ENVIRO</b> <input type="checkbox"/> <b>CHG LOC</b> <input type="checkbox"/> <b>INT TO PA</b> <input type="checkbox"/> <b>P&amp;A NR</b> <input checked="" type="checkbox"/> <b>P&amp;A R</b> <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> <b>REMEDIAL WORK</b> <input type="checkbox"/> <b>ALTERING CASING</b> <input type="checkbox"/> <b>COMMENCE DRILLING OPNS.</b> <input type="checkbox"/> <b>P AND A</b> <input checked="" type="checkbox"/> <b>CASING/CEMENT JOB</b> <input type="checkbox"/>
OTHER: <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.

7/23/15 MIRU plugging equipment. ND wellhead & NU BOP. RIH w/ 4 jts tbg. Tag Fish @ 35'. Tbg & casing parted. 7/24/15 to 8/4/15 fish rods, tbg, and casing. Clean out to 4000'. Spot 200 sx cmt at 4000'. WOC. 8/5/15 Spot 15 bbls of LCM & 50 sx w/ 2% CACL @ 4000'. POH w/ tbg. Set packer @ 3370'. Pressured up to 500 PSI. POH w/ packer. Tagged plug @ 3890'. Perf'd csg @ 3890'. Sqz'd 65 sx cement & displaced to 3270'. WOC. 8/6/15. Pressured up on plug to 500 PSI. Tagged plug @ 3250'. Perf'd csg @ 2420'. Sqz'd 65 sx cmt & displaced to 2300'. POH w/ packer. Tagged plug @ 2220'. Perf'd csg @ 1585'. Sqz'd 75 sx cmt & displaced to 1700'. WOC. 8/7/15 Tagged plug @ 1690'. Perf'd csg @ 427'. Set packer @ surface. Sqz'd 65 sx cmt & displaced to 300'. WOC. Tried to pressure up on csg, would not pressure up. Re sqz'd 65 sx cmt & displaced to 300'. WOC. 8/10/15 Tagged plug @ 150'. Perf'd csg @ 60'. Sqz'd 60 sx cmt & circulated to surface. Rigged down & moved off. 8/12/15 moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and moved off.

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 Brian Montgomery TITLE Agent DATE 8-13-15

Type or print name Brian Montgomery E-mail address: bmont@bcmad Associates PHONE: 432-580-7141

For State Use Only

APPROVED BY: Maley Brown TITLE Dist Supervisor DATE 8/13/2015

Conditions of Approval (if any):

AUG 14 2015

MB