Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I - (575) 393-6161	OIL CONSERVATION DIVISION		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-03494
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			E-392
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	
(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.)		State KT	
1. Type of Well: Oil Well Gas Well Other		8. Well Number 24-1	
2. Name of Operator			9. OGRID Number
Herman L. Loeb LLC  3. Address of Operator	r		264953 10. Pool name or Wildcat
PO Box 838 Lawrenceville, Il 62439		Eumont Yates 7 Rivers Queen	
4. Well Location			
Unit Letter J : 2310 feet from the South line and 1,980 feet from the East line			
Section 24 Township 21S Range 35E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	3,637' KB 3,627' GL	,,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING			
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A			
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:		OTHER: Tempo	rarily abandon
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.			
Note: CIBP set @ 3,490' on 9/14/2009. Well shut in w/2' tbg sub.			
2. December to t 5 1/2 and and CIDD to 5001 and for 20 min. December and submit to NIM OCD			
2: Pressure test 5 ½" csg and CIBP to 500+ psi for 30 min. Record pressure on chart and submit to NM OCD.			
		Con	dition of Approval: notify
Spud Date:	Rig Release Date	l oc	CD Hobbs office 24 hours
Spud Date.	Kig Kelease Date		of running MIT Test & Chart
		prior	of running will lest & chart
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE DATE 0/16/2015			
SIGNATUREDATE9/16/2015			
Type or print name Michael Polley E-mail address: polleyms@gmail.com PHONE: _719-342-5600			
For State Hee Only			
Conditions of Approval (if any)		•	1 L