Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	ON CONCEDIATION DURISION	30-025-11384
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE X
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, Nivi 67303	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 HODGES B
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 4
2. Name of Operator Latigo Petroleum, Inc.		9. OGRID Number 227001
3. Address of Operator 550 W. Texas, Suite 700		10. Pool name or Wildcat
Midland, TX 79701		JUSTIS BLINEBRY
4. Well Location		
Unit Letter M :	990 feet from the SOUTH line and 66	feet from the <u>WEST</u> line
Section 1 Township 25S Range 37E NMPM CountyLEA		
	11. Elevation (Show whether DR, RKB, RT, GR, etc 3118' GR	:)
Pit or Below-grade Tank Application 🗌 o		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check	Appropriate Box to Indicate Nature of Notice,	, Report or Other Data
—	PLUG AND ABANDON REMEDIAL WOR	RILLING OPNS. P AND A
OTHER:	OTHER:Pressure	e test
13. Describe proposed or comp	oleted operations. (Clearly state all pertinent details, arork). SEE RULE 1103. For Multiple Completions: A	nd give pertinent dates, including estimated date
•	Held for 30 min. Good test. Copy of chart attached.	Original chart sent with C-105 to OCD
Hobbs on 11/21/05.	17	
This App Abandon	roval of Temporary 1/21/10 ment Expires	OCO WOODS OCI STANCY OCO SOCIETY OF STANCY OCO SOCIETY
I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief. I further certify that any pit or below-
SIGNATURE	closed according to NMOCD guidelines [], a general permit [] TITLE Regulatory Analyst	」 or an (attached) alternative OCD-approved plan □. DATE 11/29/2005
Type or print name Lisa Hunt For State Use Only		week A A A The safe and a second
	E-mail address: lhunt@latige	opétro.com Telephone No. (432)684-4293
APPROVED BY: Hand	E-mail address: lhunt@latige	Telephone No. (432)684-4293



