

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-09408
5. Indicate Type of Lease STATE X FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE A A/C 1
8. Well Number 051
9. OGRID Number 148381
10. Pool name or Wildcat Langlie Mattix 7 RVRS-QUEEN-GB

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3358' KB

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater **149'** Distance from nearest fresh water well **1000+** Distance from nearest surface water **1000+**

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☐ Injection Well ☐

2. Name of Operator
MISSION RESOURCES CORPORATION

3. Address of Operator
1100 Louisiana, Suite 4400, Houston, TX 77002

4. Well Location
Unit Letter **N:** **660** feet from the **SOUTH** line and **1980** feet from the **WEST** line
Section **24** Township **23S** Range **36E** NMPM County **LEA**

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
	P AND A <input checked="" type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

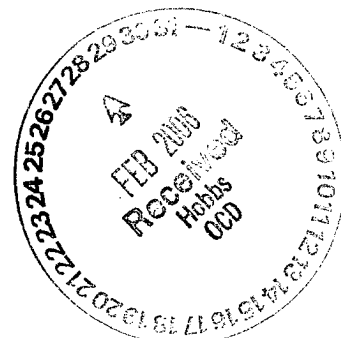
13. Describe proposed or completed operations. (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completion, Attach wellbore diagram of the well bore completion or recompletion.

Approved as to plugging of the Well Bore
Liability under bond is retained until
surface restoration is completed.

C.I.B.P. already in hole.

- 2-1-06 Cap C.I.B.P. 3,343' with 25 sx. cmt. T.O.C. 3,146'. Tbg. 2,850'. Spot 25 sx. cmt. T.O.C. 2,603'. Perf. 1,540'. Pkr. 1,285'.
Estbrate 400 p.s.i. to 0. Sqz. 35 sx. cmt. w/2% CaCl. W.O.C. & tag. Plug at 1,398'. Perf. 345'. Estbrate well circulated.
- 2-2-06 Braden Head. Sqz. 135 sx. cmt. T.O.C. - surface - 5 1/2" X 8 5/8" cmt. falling slowly. W.O.C. & tag 147'. Fill well & bore 25 sx. cmt.

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Liability under bond is retained until
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Randall Minear TITLE AGENT

DATE 2-6-06

Type or print name **RANDALL MINEAR**. E-mail address: **randall.minear@basicenergyservices.com** Telephone No. **(432) 530-0907**
For State Use Only

APPROVED BY: Larry W. Wink TITLE _____ DATE _____
Conditions of Approval (if any) _____