

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
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. <b>30-025-08825</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <b>STATE A A/C 2</b>
8. Well Number <b>19</b>
9. OGRID Number <b>148381</b>
10. Pool name or Wildcat <b>JALMAT, TAN-YATES, 7-RIVERS (PROGAS)</b>

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit type N/A Depth to Groundwater 149 Distance from nearest fresh water well 1000+ Distance from nearest surface water 1000+  
Pit Liner Thickness: N/A 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator <b>MISSION RESOURCES CORPORATION</b>
3. Address of Operator <b>1100 LOUISIANA, STE. 4400 HOUSTON TX 77002</b>
4. Well Location Unit Letter <u>O</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>7</u> Township <u>22S</u> Range <u>36E</u> NMPM County <u>LEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3590' GL</b>

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 COMPLETION <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"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <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 Completions: Attach wellbore diagram of proposed completion or recompletion.

02/15/06 - MIRU BASIC PLUGGING UNIT AND EQUIPMENT; RIH W/5-1/2" CIBP ON WIRELINE TO 3300'; SET CIBP;

02/16/06 - SPOTTED 25 SKS CMT F/3300' T/3057'; RIH W/STRIP GUN ON WIRELINE PERF 4 HOLES @ 1602'; SQUEEZE W/50 SKS CMT; RIH W/SINKER BAR ON WIRELINE TAG PLUG @ 1365'; RIH W/STRIP GUN PERF 4 HOLES @ 450'; PUMPED 240 SKS CMT. WELL IS PLUGGED AND ABANDONED.

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

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 Anna Tarpey TITLE Regulatory Analyst DATE 03/01/06

Type or print name Anna Tarpey

E-mail address:

Telephone No. 832-204-2760

For State Use Only

APPROVED BY Gary W. Wink

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE \_\_\_\_\_ DATE MAR 06 2006

Conditions of Approval, if any:



