

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
 Revised July 18, 2013

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

WELL API NO. 30-025-09736
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Gutman SWD
8. Well Number 2
9. OGRID Number
10. Pool name or Wildcat Jalmat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,028' GR

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 Other SWD **HOBBS OCD**

2. Name of Operator
Herman L. Loeb LLC

3. Address of Operator PO BOX 838
Lawrenceville, Ill. 62439

4. Well Location
Unit Letter G: 2,310' feet from the N **RECEIVED** 2310 feet from the East line
Section 2912 Township 25S Range 37E 30 NMPM Lea County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <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.

Note: All work performed on this well will be conducted with the use of a closed loop system. And disposed of at a licensed facility.

This well failed a MIT on 12/21/2015.

1: Will MIRU on approximately 1/7/2015. Determine the cause of the failure and rectify the problem. Might possibly acidize to improve injection rate and pressure.

2: Load tubing annulus w/packer fluid and water. Perform witnessed and recorded MIT.

Condition of Approval: notify

**OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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 Michael Polley TITLE Agent for Herman Loeb LLC DATE 10/11/2015

Type or print name Michael Polley E-mail address: polleym@gmail.com PHONE: 719-342-5600

For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 12/31/2015
 Conditions of Approval (if any):

JAN 04 2016

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