

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

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.)		WELL API NO. <u>30-025-00384</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>Grand Banks Energy Company</u>		6. State Oil & Gas Lease No. <u>E-3633</u>
3. Address of Operator <u>10 Deste Dr., Suite 300E, Midland, TX 79705</u>		7. Lease Name or Unit Agreement Name <u>Anderson Ranch Unit</u>
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>11</u> Township <u>11oS</u> Range <u>30E</u> NMPM <u>hea</u> County		8. Well Number <u>2</u> 9. OGRID Number <u>155471</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4329 GR</u>		10. Pool name or Wildcat <u>Anderson Ranch Wolfcamp</u>

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 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.

Plan to enter well, set pkr and test csg. above and below to determine where possible csg. leak exists. We will then repair as needed and run another MIT to verify csg. integrity. Estimated work to begin 2-1-16.

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: Denise Jones TITLE Regulatory Analyst DATE 12-23-15

Type or print name Denise Jones E-mail address: djones@cambridgennm.gov PHONE: 432-620-9181
For State Use Only

APPROVED BY: Bill Sawanah TITLE Staff Manager DATE 1/20/16

Conditions of Approval (if any):

JAN 20 2016

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Graphic Controls

9/10/16
SS

APR 4 11:00 AM '15
APR 4 11:00 AM '15
UNIT C SEC 11-TMS-R32E
START 560
END 380

40 min

CP

FB

10/23/15

DATE 12/17/15
BR 2221

Failed

Final 380

