

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.  
 30-005-20177

5. Indicate Type of Lease  
 STATE  FEE  Fed

6. State Oil & Gas Lease No.

SEP 08 2015  
 RECEIVED  
 HOBBS OCD

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

2. Name of Operator  
 CANO Petroleum

3. Address of Operator  
 823 S Detroit Tulsa, OK 74120

4. Well Location  
 Unit Letter B : 1980 feet from the N line and 660 feet from the W line  
 Section 33 Township 8S Range 30E NMPM County Chavez

7. Lease Name or Unit Agreement Name  
 CSAW

8. Well Number 172

9. OGRID Number

10. Pool name or Wildcat  
 CSAW

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

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL
- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A
- OTHER: MIT

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.

Pressure up to \_\_\_\_\_ for \_\_\_\_\_ minutes  
 Start pressure \_\_\_\_\_ END pressure \_\_\_\_\_  
 Failed - no test performed

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 Robert McKenzie TITLE Sr. Field Ops Mgr DATE 8/25/14  
 Type or print name Robert McKenzie E-mail address: robert.mckenzie@nmsr.com PHONE: 432-425-3500

For State Use Only  
 APPROVED BY: Bill Lawrence TITLE Staff Manager DATE 9/10/15  
 Conditions of Approval (if any):

JAN 22 2016

*jm*