

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. 30-025-27044	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>	✓
6. State Oil & Gas Lease No. B-10709	
7. Lease Name or Unit Agreement Name Possh	✓
8. Well Number #3	✓
9. OGRID Number 264953	✓
10. Pool name or Wildcat Jalmat	

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 **HOBBS OCD**

2. Name of Operator
Herman L. Loeb LLC ✓

MAY 02 2016

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

RECEIVED

4. Well Location
 Unit Letter K :1,650' feet from the South line and 2,310' feet from the West line
 Section 36 Township 24 S Range 36 E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,268' GR

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

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

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 will be performed with a closed loop system and all materials will be hauled to a licensed disposal.

2600'

T.SALT 1250'
B.SALT 2590'

1: Set CIBP @ 2,700'. PT casing and CIBP to 500 psi. Spot 50 sx cmt on top of CIBP. TOH to 2,200' (approx. top of cmt plug) and spot 9.5 ppg salt gel spacer fr/2,200; to 1,350'. Perforate 1250'. Attempt to establish injection rate out perfs. If injection rate is established w/circulation up 5 1/2" csg annulus pmp cmt until good cmt to surface in annulus and leave inside of 5 1/2" csg full. If injection rate w/no circ pmp 30 sx cmt and displace to 1,250'. If no injection rate spot 30 sx cmt plug at 1,450'.

2: Tag plug. Spot 9.5 ppg salt gel spacer from top of plug to 425'. Perforate 425'-426'. Establish circulation up 5 1/2" csg annulus and pmp cmt until good cmt to surface and leave inside of csg full. If rate is established w/no circulation pump 60 sx cmt and leave csg full. If no rate is established spot 30 sx cmt plug @ 475'.

3: Tag plug. Spot 9.5 ppg salt gel spacer from top of plug to 60'. Perforate 60'-61'. Pmp cmt until good cmt to surface and leave inside full.

4: Cut off all casing strings, cap well, install dry hole marker and restore location.

Spud Date: _____ Rig Release Date: _____ NOTIFY OCD 24 HOURS PRIOR TO BEGINNING PLUGGING OPERATIONS

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 L. Loeb LLC DATE 5/1/2016

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

APPROVED BY: Mah Whitaker TITLE Petroleum Engr. Specialist DATE 5-2-2016

Conditions of Approval (if any):

MAY 03 2016

COMPANY: Herman L. Loeb LLC

WELL NAME: Ross #3

LEGAL: K, 31, 245, 36E

API # 30-025-27044

COMPLETION, WORKOVER
AND
DRILLING SUPERVISION

PHONE: 719-846-3434

MOBILE: 719-342-5600

polleyms@gmail.com

VOL. BETWEEN PIPE & HOLE CAP.

	BBL/FT	FT/BBL	CF/LF
4 1/2 - 7 7/8	.0406	24.85	2278
5 1/2 - 7 7/8	.0309	32.41	1733
8 5/8 - 12 1/4	.0735	13.81	4127
9 5/8 - 12 1/4	.0558	17.93	3132
13 3/8 - 17 1/2	.1924	6.08	.6946

TUBING & CASING SIZE & CAP.

	WT.	BBL/FT	FT/BBL
2 3/8	4.6	.0039	258.85
2 7/8	6.5	.0058	172.76
3 1/2	9.3	.0087	114.99
4 1/2	10.5	.0159	62.70
4 1/2	11.6	.0155	64.34
5 1/2	15.5	.0238	42.01
5 1/2	17.0	.0232	43.02
5 1/2	20.0	.0222	45.09
5 1/2	23.0	.0212	47.20
8 5/8	32.0	.0609	16.41
9 5/8	36.0	.0773	12.94

D.P. SIZE _____ TUBING SIZE: _____ CASING SIZE: _____

HOLE SIZE: _____ PERFS: _____

PACKER SETTING: _____ BP SETTING: _____ MAX RATE: _____

MAX PSI: _____ BHST: _____ FORM: _____ TAIL PIPE: _____

VOL. BETWEEN PIPE & PIPE CAP.

	WT.	BBL/FT	FT/BBL	CF/LF
2 3/8 - 4 1/2	11.6	.0101	99.37	.0585
2 3/8 - 5 1/2	17.0	.0178	56.28	.0898
2 7/8 - 5 1/2	17.0	.0152	65.71	.0854
2 7/8 - 7	23.0	.0313	31.91	.1780

