

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
HOBBS OGD
AUG 29 2016
RECEIVED
 OIL CONSERVATION DIVISION
 220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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>52</u> <u>30-025-29258</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Injector</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>Menbarne Oil Company</u>		6. State Oil & Gas Lease No. <u>Lease # NM 4607</u>
3. Address of Operator <u>P.O. Box 5270 Hobbs, NM 88241</u>		7. Lease Name or Unit Agreement Name <u>Queche Plains Bone Springs Sand Unit</u>
4. Well Location Unit Letter <u>G</u> : <u>2310</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>27</u> Township <u>18S</u> Range <u>32E</u> NMPM County <u>Lea</u>		8. Well Number <u>#10</u> 9. OGRID Number <u>14744</u> 10. Pool name or Wildcat
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:
 PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

OTHER: Mechanical Integrity Test

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.

Performed MIT test. Pressured up to 600# @ hold pressure while recording for 30 minutes.

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 [Signature] TITLE Production Engineer DATE 8/23/16

Type or print name Cade Carter E-mail address: ccarter@menbarne.com PHONE: 575-330-6155

APPROVED BY: [Signature] TITLE Compliance Officer DATE 9/2/16

Conditions of Approval (if any):

