

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-025-36906
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Miracle Nymph 14 State
8. Well Number 1
9. OGRID Number 5898
10. Pool name or Wildcat Midway; Bone Springs

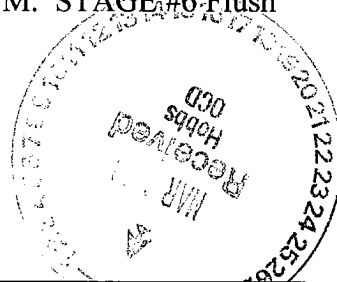
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator David H. Arrington Oil & Gas	
3. Address of Operator PO Box 2071 Midland, TX 79702	
4. Well Location Unit Letter <u>M</u> : <u>330</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>14</u> Township <u>17S</u> Range <u>36E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3835' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Perf & Acidize <input checked="" type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2-17-06 Isolate perfs. @ 10,089', acidize w/ 1,000 gal 20% NeFe HCL acid to top of perfs @ 1.7 BPM, 4800 psi
2-20-06 Re-shoot 10,370'-71' (5 shots), 10,314'-15' (5 shots), 10,556'-57' (4 shots), 10,170'-71' (4 shots).
2-23-06 Acidize w/ 1,000 gals 20% NeFe HCL.
3-11-06 STAGE #1 20% HCL acid 15,000 gals @ 4,737 psi, 30 BPM. STAGE #2 Purge III HT Pad 30,000 gals
6,300 psi, 41 BPM. STAGE #3 20% ZCA acid 60,000 gals 6,267 psi, 33.5 BPM. STAGE #4 20% HCL acid
15,000 gals 6,250 psi, 44 BPM. STAGE #5 Over flush H2O 10,000 gals 6,150 psi, 50 BPM. STAGE #6 Flush
H2O 20,000 gals 5,874 psi, 50 BPM. STAGE #7 Flush 6,600 gals 5,666 psi, 50 BPM.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Debbie Freeman TITLE Agent DATE 3/29/06

Type or print name Debbie Freeman

E-mail address: Debbie@arringtonoil.com Telephone No. 432-682-6685

For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE APR 03 2006
Conditions of Approval (if any):