

HOBBS OCD

APR 05 2017

RECEIVED

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

Form C-103
June 19, 2008

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. 30-025-06270 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Zachary Oil Operating Co.		6. State Oil & Gas Lease No. 0300626670
3. Address of Operator 6300 Ridglea Pl. Ste. 605 Ft. Worth, Texas 76116		7. Lease Name or Unit Agreement Name Turland Federal #1 ✓
4. Well Location Unit Letter <u>K</u> : <u>1700</u> feet from the <u>West</u> line and <u>1700</u> feet from the <u>South</u> line Section <u>27</u> Township <u>20 S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>#1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>25593</u>
10. Pool name or Wildcat <u>EUMONT; YATES-TRVRS-QUEEN (GAS)</u>		

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

NOTICE OF INTENTION PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	INT TO PA <u>P&A NR <u>Ran X</u></u> <u>P&A R <u>✓</u></u>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> BAND A <input checked="" type="checkbox"/>
OTHER: _____	OTHER: _____	OTHER: _____	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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3-6-17 Notify mark Whitaker NMOCD of R/U. 3-9-17 Set CIBP @ 3434'. Tag CIBP with Tubing @ 3427'. Circulate 30 bbl. B/W, Mix 10 sacks Salt Gel with 40 bbl. B/W. Test casing to 500 PSI. Test good. Notify Mark Whitaker NMOCD of casing test. He waived WOC and tag on top of CIBP. Spot 25 sacks Class C 3437'-3190'. Spot 25 sacks Class C 2565'-2318'. WOC. Tag Plug @ 2309'. 3-10-17 Spot 25 sacks Class C 2%CaCl2 @ 1345'-1098'. WOC. Tag Plug @ 1093'. Perforate @ 248'. Establish rate 2.3 BPM @ 200 PSI. Circulate 85 sacks Class C 248' - Surface. 3-13-17 Verify cement at surface. Job finished and well complete. Cut well off 3' BGL and install below ground dry hole marker per NMOCD instructions.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
Restoration Due By _____

Spud Date: Rig Releas

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE PRESIDENT DATE 3/17/17
Type or print name J MACK SLAUGHTER E-mail address: JonJames.Slaughter@qmail.com PHONE: 817-870-9001

For State Use Only
APPROVED BY: [Signature] TITLE P.E.S. DATE 04/05/2017
Conditions of Approval (if any):