

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-09708
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Herman L. Loeb LLC		6. State Oil & Gas Lease No. B-1484
3. Address of Operator PO Box 838, Lawrenceville, Ill. 62439		7. Lease Name or Unit Agreement Name State W
4. Well Location Unit Letter <u>O</u> : <u>660'</u> feet from the <u>South</u> line and <u>1,980'</u> feet from the <u>East</u> line Section <u>36</u> Township <u>24S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number #2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,264' GL		9. OGRID Number
10. Pool name or Wildcat Jalmat, Tan/Yates/7 Rv/Queens		

HOBBS OCD

JUN 19 2017

RECEIVED

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

<b>NOTICE OF INTENT</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>INT TO PA</b> P&A NR <u>pm</u> <input checked="" type="checkbox"/> P&A R <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/14/2017. Set CIBP @ 2,970'. Casing would not PT. Spot 30 sks cmt on top of CIBP. Spot 21 bbls 9.5 ppg salt gel spacer @ 2,511'.

3/15/2017. Ran packer to 1,255'. PT above and below packer and csg tested OK. Tgd plug @ 2,730'. Perf 1,198'. PT perfs & held pressure. Spot 25 sks cmt @ 1,255'. Spot 9.5 ppg salt gel spacer from 878' to surface.

3/16/2017. Tgd cmt plug @ 1,038'. Perf 100'. Ppd 35 sks cmt & got good cmt to surface & left inside full.

3/20/2017. Cut off all casing strings. Found cmt down 6' inside of 4 1/2" casing & down 20' in annulus. Mixed 3 sks cmt & dumped dwn csg & annulus. Capped well & installed dry hole marker.

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 03-15-2018

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 Michael Polley TITLE Agent for Herman L. Loeb LLC DATE 6/16/2017

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

For State Use Only

APPROVED BY: Mark White TITLE P.E.S. DATE 06/19/2017

Conditions of Approval (if any):