

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. 30-025-33717
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 20035
7. Lease Name or Unit Agreement Name STATE 19
8. Well Number 1
9. OGRID Number 147404
10. Pool name or Wildcat JOHNSON RANCH - WOLFCAMP

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3541' GR
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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 _____

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.)

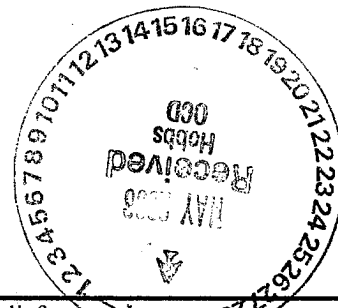
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator COBRA OIL & GAS CORPORATION
3. Address of Operator P O BOX 8206; WICHITA FALLS, TX 76307-8206
4. Well Location Unit Letter <u>G</u> : <u>1865</u> feet from the <u>NORTH</u> line and <u>2165</u> feet from the _____ line Section <u>19</u> Township <u>245</u> Range <u>33E</u> NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3541' GR

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" 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: <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIRU SLU and set "R" in 2-7/8" tailpipe at 13,610', POOH w/tubing, spot 10 feet of sand on "R" plug and packer. Perforate interval 13,464'-13,583', 1 SPF, total 78 holes. RIH w/tbg and packer, set +/-13,090'. Acidize with 17,000 gals foamed acid with 25% CO2. Flow back and clean up. Spot sand across perforations from packer at 13,597' to 13,400'. Perforate additional Wolfcamp interval 13,130'-13,284' w/ 1 SPF. Acidize with 17,000 gals foamed acid and 25% CO2. Flow back and clean up. RU Coil Tubing Unit, clean out sand, pull "R" plug and commingle all perforations.



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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Rory Edwards TITLE MGR/DRLG & PROD DATE 05/23/06

Type or print name RORY EDWARDS E-mail address: Rory@cobraogc.com Telephone No. 940-716-5100

For State Use Only

APPROVED BY: Rory W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 08 2006
Conditions of Approval (if any): _____