

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. 30-025-34911
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 5840
7. Lease Name or Unit Agreement Name Toro 34 State
8. Well Number 1
9. OGRID Number 025773
10. Pool name or Wildcat Pearl San Andres

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
Dominion Oklahoma Texas E&P, Inc.

3. Address of Operator
14000 Quail Springs Parkway, Suite 600, Oklahoma City, OK 73134

4. Well Location
Unit Letter F : 1650 feet from the North line and 1930 feet from the West line
Section 34 Township 19S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3703' (GL)

Pit or Below-grade Tank Application ☐ or Closure ☐ **Will use above ground steel frac tanks**

Pit type _____ Depth to Groundwater 20' Distance from nearest fresh water well >1/4 mile Distance from nearest surface water >1/4 mile

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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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. **No workover pits to be used. Will use above ground steel frac tanks during the workover.**

6/30/06 notify Buddy Hill with the NMOCD of P&A

7/5/06 Set CIBP @ 5440'. Spot 25 sx Class "A" cmt @ 5440', top of cmt @ 5189'.
7/7/06 Spot 30 sx cmt @ 4050'.
7/10/06 Tag TOC @ 3940', spot 40 sx cmt @ 1850' - 1726', spot 40 sx @ 691'. POOH, WOC, tag TOC @ 581'.
Spot 40 sx cmt f/400' - 276'. Circulate 20 sks cmt 60' to surface. Remove wellhead & anchors. Backfill cellar,
Clean location. Well P&A.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

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 ☐. NO PIT TO BE USED. WILL USE ABOVE GROUND STEEL FRAC TANKS.

SIGNATURE Carla Christian TITLE Sr. Regulatory Specialist DATE 7/20/06

Type or print name Carla Christian E-mail address: Carla_M_Christian@dom.com Telephone No. 405-749-5263
For State Use Only

APPROVED BY: Ray W. Wink TITLE FIELD REPRESENTATIVE II / STAFF MANAGER DATE AUG 11 2006
Conditions of Approval (if any): _____