

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

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. 30-41-10483 10483
1. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator: Orbit Petroleum, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 720 W. Wilshire, Suite 115, Oklahoma City, OK 73116		7. Lease Name or Unit Agreement Name James McFarland
4. Well Location Unit Letter <u>K-11</u> 1980 feet from the <u>South</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>20</u> Township <u>7 south</u> Range <u>33 East</u> NMPM County: <u>Roosevelt</u>		8. Well Number: # 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number: 227083
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mill Below-Grade Tank: Volume _____ hbls. 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"/>		SUBSEQUENT REPORT OF: 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"/>		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.

This well was plugged in error. The Operator, Contractor and OCD inspector thought the site was James McFarland #4.
 6/26/2006 - Nipple up BOP. TTH Tubing & Notch Collar. Tag up at 1,917.

6/21/2006 - Wash down with fresh water from 1,917 to 3,340.

6/22/2006 - Cir. Hole w/ 10# salt water gel mix & spot 25sx fo cmt 3,338. Displaced cmt CTOC 2,960 - PUH to 2,400
 Mix & spot 25sx cmt POOH WOC. WL tag cmt at 2,028 - Perf 4.5" casing at 1,732 - set packer at 1,270 SQZ 60sx of cmt
 SI 700PSI.

6/23/2006 - WL tag cmt at 1,420 - Perforated 4.5" casing at 425' Set Packer at surface. Mix & Circulate 140sx of cmt up
 8 5/8" casing. Leave 4.5" casing full. Cut off wellhead. Pumped 10sx. Surface Plugg installed.

Dry Hole Maker incorrect. Replacing Dry hole maker with correct site location. Will file subsequent report when complete.

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 [Signature] TITLE President DATE 8-15-2006

Type or print name
 For State Use Only

E-mail address:

DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY: [Signature] TITLE _____ DATE AUG 25 2006

Conditions of Approval (if any):

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

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 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

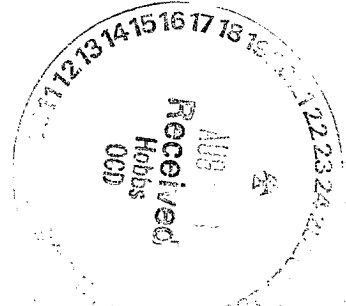
SUBSEQUENT REPORT OF:
 REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐

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We intend to plug this well according to procedures already on file with the local OCD office.



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 [Signature] TITLE President DATE 8-15-2006
 Type or print name _____ E-mail address: _____ Telephone No. _____
 For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____