

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. 30-025-31006
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE XX <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HOUSE
8. Well Number 1
9. OGRID Number 3659
10. Pool HOUSE DRINKARD,S HOUSE BLINEBRY, HOUSE TUBB

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3561 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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 XXX ☐ Gas Well ☐ Other ☐

2. Name of Operator
CAPATAZ OPERATING, INC

3. Address of Operator
PO BOX 10549, MIDLAND, TX 79702

4. Well Location
Unit Letter _____ D : _____ 330 feet from the _____ NORTH _____ line and _____ 330 feet from the _____ WEST _____ line
Section 13 Township 20S Range 38E NMPM LEA County

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"/>
OTHER: <input type="checkbox"/>	P AND A <input type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: SET CAST IRON BRIDGE PLUG XXXXX

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.

DHC #3767

TD 7750'

CASING 4-1/2" @ 7750'
8-5/8" @ 1700'

TOC 800 SX
TOC CIRCULATED

PERFS: HOUSE ABO 7289-7677
HOUSE DRINKARD 6927-7019
HOUSE TUBB 6672-6751
S HOUSE BLINEBRY 6008-6111

OPERATOR WILL MIRU PU. PULL TBG, RODS & PUMP. WIRELINE SET CIBP @ ±7150'. SPOT 5 X CEMENT ON TOP OF CIBP. RERUN TBG, PUMP & RODS AND RETURN WELL TO PUMPING.

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 _____ TITLE _____ AGENT _____ DATE 10/30/06 _____

Type or print name H SCOTT DAVIS E-mail address: capataz1@sbcglobal.net Telephone No. 432-620-8820

For Staff Use Only

Harry W. Wink

APPROVED BY WINK

Conditions of Approval REPRESENTATIVE II/STAFF MANAGER

TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

NOV 22 2006

