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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO.
30-025-35333

5. Indicate Type of Lease
STATE ☐ FEE XX☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
REDTAG

8. Well Number 1

1. Type of Well: Oil Well XXX ☐ Gas Well ☐ Other

2. Name of Operator
CAPATAZ OPERATING, INC

9. OGRID Number 3659

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

10. Pool HOUSE ABO, HOUSE TUBB

4. Well Location
Unit Letter J : 2460 feet from the SOUTH line and 2310 feet from the EAST line
Section 2 Township 20S Range 38E NMPM LEA County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3655 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 _____

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER:	☐			OTHER: SET RBP AND RETEST		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 #3769

MIRU. TOOH W/ RODS, PUMP & TUBING. RIH W/ RIBP AND ST @ 6850'. RERUN TBG, PUMP & RODS AND TEST ISOLATED TUBB PERFS.

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 State Use Only

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JAN 0 8 2007

Conditions of Approval (if any):

Received
2006
Hobbs
OCD