

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. 30-025-23961
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1258-1
7. Lease Name or Unit Agreement Name New Mexico "AE" State
8. Well Number 24
9. OGRID Number 224056
10. Pool name or Wildcat Wantz ABO Reef

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator Leopoldo P. Bustamante
3. Address of Operator P. O. Box 50394 - Midland, Tx 79710

4. Well Location Unit Letter H : 1850 feet from the North line and 550 feet from the East line Section 11 Township 18S Range 34E NMPM County Lea	11. Elevation (Show whether DR, RKB, RT, GR, etc.)
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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 _____

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 checked="" 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.

1. TIH with gauge ring/Junk basket to 7850'
2. TIH with CIBP and set @ 7790' and cap with 35' cmt.
3. Fill production csg w/packer fluid and test to 500+ PSI for 30 min.

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 Owner DATE 1-3-07

Type or print name
For State Use Only
E-mail address: _____ Telephone No. _____
OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: [Signature] TITLE _____ DATE JAN 10 2007
Conditions of Approval (if any): _____

NM AE State
24

Received
Hobbs
OCD

GR 4007' KB 12'

8 5/8" 24# CSG
set at 1810' w/850s.
11" hole, cmt. circ.

Proposed Operations

CAP w/35' CMT

CIBP set @ 7790'

5 1/2" 14# CSG
set at 8900' w/800sx
7 7/8" hole, cmt top
at 4550' (Temp survey)

Perfs @ 7858-8161

CIBP @ 8244

Perf's
8344' - 8644'

PBTD 8877'
TD 8900'