

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.	30-025-28287
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-9652
7. Lease Name or Unit Agreement Name L&M	
8. Well Number	1
9. OGRID Number	3659
10. Pool name or Wildcat	House; Blinebry, Tubb, Drinkard
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3580 GR	
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:

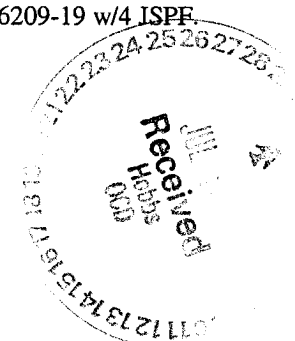
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Recompletion procedure ☒

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.

07/15/2004 Retrieved RBP from 7023.  
03/01/2005 Perforated Blinebry: 6050-56, 6064-77, 6097-6109, 6116-29, 6183-93, 6195-6202, 6209-19 w/4 ISPE.  
03/02/2005 Acidized w/6000 gals 20% acid.  
03/04/2005 Frac'd w/60,000 gals gel and 116,000# 20/40 sand.  
05/19/2005 Returned well to production.



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 07/26/2006

Type or print name H Scott Davis  
For State Use Only

E-mail address: Capataz1@sbcglobal.net Telephone No. (432)620-8820

APPROVED BY: Chris Williams DISTRICT SUPERVISOR/GENERAL MANAGER

Conditions of Approval (if any):

DATE

JAN 12 2007