

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

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. 30-025-25525
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Brine Well		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> x
2. Name of Operator Key Energy Services Inc		6. State Oil & Gas Lease No.
3. Address of Operator Po Box 99 Eunice NM 88231		7. Lease Name or Unit Agreement Name G.P. Sims
4. Well Location Unit Letter <u>A</u> : 420 feet from the <u>N</u> line and 210 feet from the <u>E</u> line Section 32 Township 21 Range 37 NMPM County Lea		8. Well Number # 2
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
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 _____		

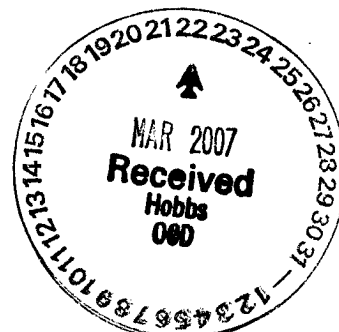
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: TBG Repairs <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.

3/12/07—Rig up Key Pulling Unit, Install BOP 2 ½ x6" 900, Pull 1229 feet of tubing. Shut in over night

3/13/07---Lay 2/12 Down and RIH with 11 joints used Tubing. Pull BOP from well and Rig Unit Down waiting on Sonor & Nitrogen schedule for testing Brine Cavity.



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 Sam Steins TITLE DISTRICT MANAGER DATE 3-13-07

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY: Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 27 2007
Conditions of Approval (if any):