

Submit 3 Copies
Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-34807

5. Indicate Type of Lease
STATE ☐ FEE ☐

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
THRESHOLD DEVELOPMENT CO.

3. Address of Operator

7. Lease Name or Unit Agreement Name

STATE 2-M

8. Well No.

1

9. Pool name or Wildcat

4. Well Location
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line

Section 2 Township 20-S Range 35-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 ☐
OTHER: ☐

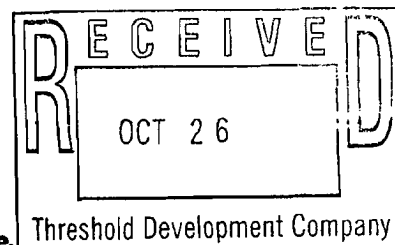
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

10-10-02
SET C.I.B.P. @ 9200 OK,D BY BUDDY OCD W/ 15 SKS CEMENT ON TOP
10-16-02
CUT 5 1/2 @ 7000' PULL CASING
10-18-02
SPOT 40 SKS @ 7050' TAG @ 6850
SPOT 50 SKS @ 5300 TAG @ 5189
10-21-02
SPOT 35SKS @ 1940-1840
SPOT 35 SKS 703' TAG @ 550
SPOT 35 SKS @ 120' TO SURFACE
CIRCULATED MUD INSTALL P & A MARKER

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jeff Rester TITLE Cementer DATE 10-21-02
TYPE OR PRINT NAME Jeff Rester TELEPHONE NO. 915-556-0071

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 11 2007
CONDITIONS OF APPROVAL, IF ANY: