

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. <b>30-025-35962</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-2750
7. Lease Name or Unit Agreement Name Mobil Lea State
8. Well Number 8
9. OGRID Number 1092
10. Pool name or Wildcat Northeast Lea Delaware(37584)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3664 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

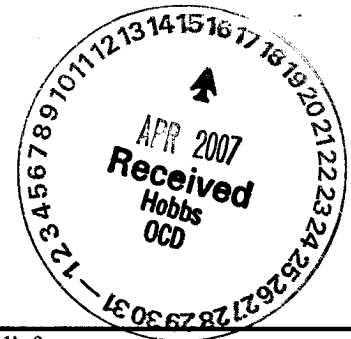
NOTICE OF INTENTION TO:  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:  
REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☐

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.

4/10/07 Pump 500 gals 15% NeFe acid. Max pressure 2570 PSI, max rate 2 BPM. ISIP 1900 PSI, 5 min. 1780 PSI, 10 min. 1700 PSI, 15 min. 1640 PSI, SI one (1) hour and returned to injection. Rate 500 BWPD at 1000 PSI T.P.

ORDER R-10541 AUTHORIZATION TO INJECT.



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 Bruce A. Stubbs TITLE Vice President, Operations DATE 04/12/07

Type or print name Bruce A. Stubbs

E-mail address: bastubbs@zianet.com Telephone No. 505-625-2222

For State Use Only

APPROVED BY: Gary W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER  
TITLE \_\_\_\_\_

DATE

Conditions of Approval (if any):

APR 18 2007