

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 - 37919</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Ezekiel State</b>
8. Well Number <b>001</b>
9. OGRID Number <b>233545</b>
10. Pool name or Wildcat <b>Townsend; Permo Upper Penn 59847</b>

**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  
**BOLD ENERGY, LP**

3. Address of Operator  
**415 W. Wall, Suite 500 Midland, Texas 79701**

4. Well Location  
Unit Letter E : 1650 feet from the North line and 980 feet from the West line  
Section 4 Township 16S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4040' GR**

Pit or Below-grade Tank Application ☐ or Closure ☐

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: Fracture Stimulate Permo Upper Penn ☒

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.

1) Procure temporary pumping unit to be RU following initial frac flowback. 2) MIRU PU. Bleed well pressure to zero. Use FW as necessary to put well on vacuum. 3) ND WH. NU BOPE. 4) Release TAC and TOOH standing back tubing. 5) NU dual 10K psi frac valves and cross. Ensure that 3 point entry with 4" 1502 connections is available for frac rigup. NOTE: Contact stimulation company to ensure WH configuration is adequate for a 78 bpm rigup. 6) Have 9 frac tanks manifolded together and topped off with fresh water. 7) Ensure that flowback iron and tank is rigged up prior to moving in frac equipment. Be prepared for immediate flowback following fracturing operations. 8) MIRU frac equipment. 9) Sierra Engineering to supervise execution of treatment. 10) Hold safety meeting and discuss location hazards, job procedure and contingency plans. 11) Prime up pumps and pressure test lines to 10,000 psi against WH valves. An acceptable test will have a final bleed off rate no greater than 100 psi/minute. Bleed pressure to 1,000 psi above SITP. 12) Open wellhead and begin pumping the treatment per the attached schedule: Pump 4,000 gallons acid followed by 58,000 lbs 20/40 Ottawa Sand at 78 BPM at 7,000 psi from 0.25 ppa to 2.5 ppa using 3,500 bbls slickwater. Do not exceed a maximum allowable pressure of 8,500 psi. 13) Shutdown and record ISIP and 15 minute SIP. Release all frac equipment. 14) RU flowback iron to wellhead. Slowly open to a 36/64" choke. 15) Continue flowback until well dies. 16) ND WH. NU BOPE. 17) RIH w/ completion assembly. 18) RU temporary pumping unit and resume frac load recovery and test inflow performance.

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 Shannon L. Klier TITLE Operations Engineering Manager DATE 6/15/07

Type or print name Shannon L. Klier E-mail address: Shannon.klier@boldenerfy.com Telephone No. 432 / 686-1100

For State Use Only

APPROVED BY: Larry W. Wink TITLE DC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 12 2007

Conditions of Approval (if any):