

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-005-20842</b> ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>John R. Stearns dba Stearns</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>HC 65, Box 988, Crossroads, NM 88114</b>		7. Lease Name or Unit Agreement Name: <b>Booher 35</b> ✓
4. Well Location Unit Letter A : <b>660</b> feet from the <b>FNL</b> line and <b>330</b> feet from the <b>FEL</b> line Section <b>35</b> Township <b>7S</b> Range <b>31E</b> NMPM County <b>Chaves</b>		8. Well No. <b>2</b> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>21566</b> ✓
<b>Pit or Below-grade Tank Application</b> <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat <b>Tom Tom (San Andres)</b>
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

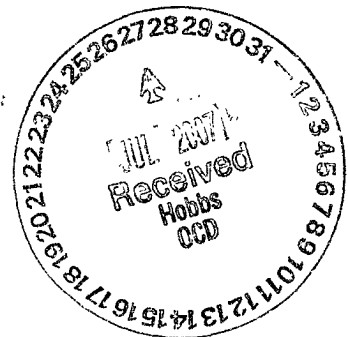
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>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

Propose P&A 8 5/8 @ 1650 800 sx. Circulated  
4 1/2 @ 4650 250 sx. 3200 TOC

1. CIBP @ 3950. Circulate hole with mud laden fluid. Set 25 sx cmt on top BP.
2. Perf. csg. @ 3150. Set packer @ 2900. Sqz. 40 sx. cmt. WOC & Tag.
3. Perf. csg. @ 1700. Set packer @ 1450. Displace to 1600. WOC & Tag
4. Perf. csg. @ 350. Circulate cement to surface (40 sx)
5. Cut off Wellhead and Install Dry Hole Marker.

**THE OIL CONSERVATION DIVISION MUST  
BE NOTIFIED 24 HOURS PRIOR TO THE  
BEGINNING OF PLUGGING OPERATIONS.**



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 Roger D. Brooks TITLE Agnet DATE 7/26/07

Type or print name **Roger Brooks**

**For State Use Only**

E-mail address:

Telephone No. **432-580-7161**

**OCD FIELD REPRESENTATIVE**

APPROVED BY Larry W. Wink TITLE \_\_\_\_\_ DATE JUL 31 2007

Conditions of Approval (if any)