

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. 30-005-21004
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 New Mexico BA State
8. Well Number #2
9. OGRID Number 21566
10. Pool name or Wildcat Siete; San Andres

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator John R. Stearns dba Stearns	
3. Address of Operator Box 988 Crossroads, NM 88114	
4. Well Location Unit Letter C : 990 feet from the North line and 1650 feet from the West line Section 16 Township 8S Range 31E NMPM Chaves County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type Steel 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

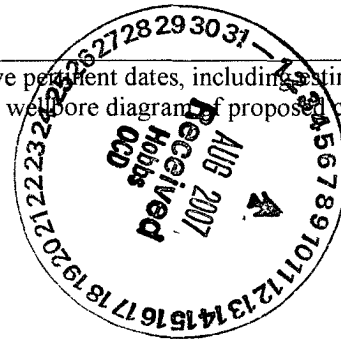
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: 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.

8 5/8" 24# CSA 1299ft. Cmt w/650 sx cmt. Cmt Circulated
5 1/2" 14# CSA 3900ft. Cmt w/ 450 sx cmt. Estimated TOC 2400ft
Perfs 3722-3780ft
Anhy - 1152ft
TS - 1355ft
BS - 1708ft
Yates - 1853ft
SA - 3024ft

Notify NMOCD District 1 (505-393-6161) prior commence PA operations

Run and set CIBP at 3675ft, Capped with 25sx cmt
Perf 1758ft, Squeeze w/ 50sx cmt, WOC, Tag cmt plug
Perf 1350ft, Squeeze w/ 75sx cmt, WOC, Tag cmt plug (Top of Salt and Surface casing shoe plug)
Perf 350ft, Circulate cmt to surface
Cut of wellhead and install OCD regulation PA marker
Cut SU anchors, Clean and level location
***** 9.5# gelled brine between all plugs



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 Billy E. Prichard TITLE Agent DATE 8/10/07
shabillron01@warpedriveonline.com
Type or print name **Billy E. Prichard** E-mail address: Telephone No **505-390-9100**
For State Use Only **OCD FIELD REPRESENTATIVE II/STAFF MANAGER**

APPROVED BY: Gary W. Wink TITLE DATE AUG 16 2007
Conditions of Approval (if any):