

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

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.)		WELL API NO. 30-005-20728-20842
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator John R. Stearns dba Stearns		6. State Oil & Gas Lease No.
3. Address of Operator HC 65, Box 988, Crossroads, NM 88114		7. Lease Name or Unit Agreement Name: Booher 35
4. Well Location Unit Letter OK : 660 feet from the North line and 330 feet from the East line Section 35 Township 7S Range 31E NMPM County Chaves		8. Well No. 2
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 21566
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Tom Tom (San Andres)
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

8/07/07 MIRU rig and cementing equip. POH w/ rods. CWI SDFN.

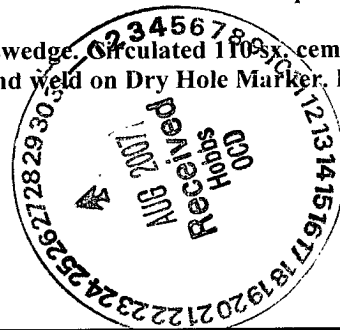
8/08/07 Worked tbg. Circulated mud laden fluid, tbg. came free. Spot 25 sx cement @ 3950. POH w/ 30 jts. CWI. SDFN.

8/09/07 Tagged plug @ 3840. POH. Perf csg. @ 3150. WIH w/ packer and set @ 2900. Could not pump into perms. Spot 25 sx. cement @ 3150. WOC 4 hrs. Tagged plug @ 3090. COH w/ tbg. Perf. csg. @ 1700. RIH w/ packer and tbg. SDFN.

8/10/07 Set packer @ 1450. Sqz. 40 sx. cement. WOC 4 hrs. No Tag. Set Packer @ 1450 again. Well circulated. Re-Sqz. 40 sx. cement. SDFN.

8/13/07 Tagged plug @ 1545. Layed rest of tbg. down. Perf. Csg. @ 350. ND BOP. put on swedge. Circulated 100 sx. cement down 4 1/2 csg. and up 8 5/8 csg. to surface. WOC. Cement at surface. Cut off Wellhead and weld on Dry Hole Marker. Riggged down equipment.

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. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE John R. Stearns TITLE Owner DATE 8-23-07

Type or print name John R. Stearns E-mail address: _____ Telephone No. 505-275-2356

For State Use Only

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 27 2007
Conditions of Approval (if any): _____