

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. 30-025-25525
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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.)		7. Lease Name or Unit Agreement Name G.P. Sims
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Brine well		8. Well Number # 2
2. Name of Operator Key Energy Services		9. OGRID Number 19797
3. Address of Operator P.O Box 99 Eunice NM		10. Pool name or Wildcat Saldo
4. Well Location Unit Letter <u>A</u> 420 : feet from the <u>N</u> line and 210 feet from the <u>E</u> line Section 32 Township 21 Range 37 NMPM County Lea		
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 _____ 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 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: <u>Casing test</u>	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: <u>casing test</u> <input checked="" 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.

12/10/2007---- RUPU, Install BOP 2 7/8 6" 900 series, with 7 " larkin Flange, Tally in hole with bit and scraper to 1020' Stack out at 1020' Pull tbq and SION.

12/11/07----- RIH with 6 1/4 bit tag up at 1020' Pull out of hole and RIH with impression block, Possible Csg problems Rig up Reverse unit.

12/12/07-----POH with Bit and RIH with mill and mill to 1148' SION

12/13/07-----POH with mill and tbq , RIH with Packer and test csg.

12/14/2007--- Test csg with reverse unit , casing would not hold below 30' from surface.

Shut in and wait for orders from Midland Office.

RECEIVED

JAN 10 2008

HOBBS OCD

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 Sam Bliss TITLE District Manager DATE 1-2-08

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: Chris Williams TITLE CC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JAN 17 2008

Conditions of Approval (if any): must TR, PA or return to production by 4/15/08. CCL