

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

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. 30-025-36993
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other - DISPOSAL WELL		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Manzano, LLC		6. State Oil & Gas Lease No. VO-6174
3. Address of Operator P.O. Box 2107, Roswell NM 88202-2107		7. Lease Name or Unit Agreement Name Peter Grande State
4. Well Location Unit Letter: M : 330' feet from the South line and 400' feet from the West line Section 1 Township 10s Range 32e NMPM County Lea		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL - 4223'		9. OGRID Number 231429
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Re-completion Operations <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.

Squeeze existing San Andres perforations @ 4082'-86', 4095'-4102', 4108'-4112', 4154'-4158' w/cement & pressure test casing after squeeze job

Convert well to salt water disposal well as approved by Administrative Order SWD-1021-A by perforating the injection interval from 4350' - 4470' and then reporting the fluid level after perforating the injection interval.

Stimulate as necessary to achieve adequate injection rate

Install plastic coated tubing & displace tubing - casing annulus with corrosion resistant packet fluid.

Set packer & pressure test casing & install pressure gauge for leak detection

Place well on injection with no more than 870 psi injection pressure

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 Mike Hanagan TITLE Manager DATE 1/25/08

Type or print name: Mike Hanagan E-mail address: mhanagan@dfn.com Telephone No. 505-623-1996

For State Use Only

APPROVED BY: Chris Williams TITLE NO DISTRICT SUPERVISOR GENERAL MANAGER DATE FEB 07 2008
Conditions of Approval (if any):

RECEIVED

JAN 28 2008

HOBBS OCD