

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. 30-025-03524
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-158
7. Lease Name or Unit Agreement Name NM "BZ" State NCT-5
8. Well Number # 4
9. OGRID Number
10. Pool name or Wildcat San Simon; Yates, North Assoc. (53790)

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 ☐ Gas Well ☐ Other ☐

2. Name of Operator
State of New Mexico,, Formerly Pronghorn Mgmt.

3. Address of Operator
1625 N. French Dr., Hobbs, NM 88240

4. Well Location
Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 29 , Township 21s Range 35e NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

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 checked="" 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: <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.

8-5/8" Csg. Set @ 206', Cmt. Circ. To Surface
2-7/8" Csg. Set @ 3930', 400 sx. Cmt., Not Circ.
Perfs @ 3917' to 3880' and 3850' to 3818'

Spot 15 Sx. Cmt. @ 3800', WOC and Tag,, Should Tag @ 3560' or Above, BOS

Circ. Hole with 9.5 salt water with 12.5 ppb. Salt gel mud.

Perf. 2-7/8" Csg. @ 1900', TOS, Squeeze w/ 25 Sx. Cmt., WOC and Tag

Perf. @ 260', Circ. Cmt. To Surface, Leave Full Inside and Out.

Cut off Csg., Erect P/A Marker 4" x 4"

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 [Signature] TITLE PETROLEUM ENGINEER. DATE APR 21 2008

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: _____ TITLE PETROLEUM ENGINEER DATE _____

Conditions of Approval (if any):