

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. 30-025-29935 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 21670
7. Lease Name or Unit Agreement Name Speight ✓
8. Well Number 002 ✓
9. OGRID Number 220613 ✓
10. Pool name or Wildcat SWD; Devonian 96101 - ✓

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD ✓
2. Name of Operator Sunlight Exploration, Inc. ✓
3. Address of Operator 1415 23 rd St. Canyon, TX 79015

4. Well Location Unit Letter H : 330 feet from the EAST line and 1650 feet from the NORTH line Section 15 Township 13S Range 38E NMPM LEA 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 _____ 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: <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 checked="" type="checkbox"/> CASING/CEMENT JOB <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.

1. RIH & tag @ 8660'-Top of fish
2. Spot 50 sxs cement @ 8660'-Tag @ 8379'
3. Circulate plugging mud
4. PUH to 4613'-Spot 80 sxs cement-no tag
5. RIH & spot 25 sxs with & 3% CACL2 @ 4613'-Tag @4457' POH & WOC
6. Spot 35 sxs @ 4348'-Tag @ 4220'
7. Test casing to 500#
8. PUH to 2200'-Spot 40 sxs
9. PUH to 410'-spot 40 sxs-Tag @260'
10. PUH to 60' -Circulate 25 sxs to surface
11. ND BOP -Rig down-Dig out cellar-Cut off wellhead-Install P&A marker-move out

6/19/07 per cs

RECEIVED

MAY 15 2008

HOBBS OCD

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.cmnr.state.nm.us/oed.

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 Chuck Smith TITLE Production Foreman DATE 4/30/08

Type or print name _____ E-mail address: _____ Telephone No. 806-655-7183

For State Use Only

APPROVED BY: Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUN 02 2008
Conditions of Approval (if any): _____