

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

WELL API NO.

30-005-10538

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

2807559

7. Lease Name or Unit Agreement Name

Cato San Andres Unit

8. Well Number 46

9. OGRID Number

248802

10. Pool name or Wildcat

Cato, San Andres

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

Cano Petro of New Mexico, Inc.

3. Address of Operator

801 Cherry Street Unit 25 Suite 3200  
Fort Worth Texas 76102

4. Well Location

Unit Letter K : 1980 feet from the S line and 660/1980 feet from the W line  
Section 10 Township 8S Range 30E NMPM County Chavez

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

KB 4081

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: swab ☒

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.

Swab test to evaluate well. 2/4/08 swab 1bbls 4hrs. 2/5/08 swab 2bbls 4hrs.

RECEIVED

MAY 21 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 Chavez TITLE Regulatory Coordinator DATE 3/3/08

Type or print name

E-mail address:

Telephone No.

For State Use Only

OCD DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY: Chris Williams

TITLE

DATE

Conditions of Approval (if any):

JUL 14 2008