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. 30-005-20151

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. 2807559

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: Cato San Andres Unit

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

MAY 15 2008
OCD-ARTESIA

8. Well Number 160

2. Name of Operator: Cano Petro of New Mexico, Inc.

9. OGRID Number 248802

3. Address of Operator: 801 Cherry Street Unit 25 Suite 3200, Fort Worth Texas 761023

10. Pool name or Wildcat: Cato San Andres

4. Well Location
Unit Letter K : 1980 feet from the SL line and 1980 feet from the WL line
Section 28 Township 8S Range 30E NMPM County Chavez

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* GR 4143

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
OTHER: ☐		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 EVALUATE WELL
SWAB ON 3/22/08 1BBLS IN 4 HRS
SWAB ON 3/23/08 1BBLS IN 4 HRS

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 C Chavez TITLE Regulatory Coordinator DATE 4/25/08

Type or print name E-mail address: Telephone No.

For State Use Only

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUL 14 2008

Conditions of Approval (if any):