

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires July 31, 2010

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

JUL 10 2008

HOBBS OGD

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. FEE
2. Name of Operator Stephens & Johnson Operating Co.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 2249 Wichita Falls TX 76307-2249	3b. Phone No. (include area code) (940) 723-2166	7. If Unit or CA/Agreement, Name and/or No. 8910087370 Denton North Wolfcamp Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 26, T14S, R37E Unit Letter J 1980' FSL and 2180' FEL		8. Well Name and No. Denton North Wolf- Tr 6-15 camp Unit
		9. API Well No. 30-025-05148
		10. Field and Pool, or Exploratory Area Denton Wolfcamp
		11. County or Parish, State Lea County NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well P&A OCT 2004
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

9-27-04 MIRU.
9-28-04 Set 5 1/2" CIBP @ 9120' w/35' cmt. TOC @ 9085'.
9-29-04 Circ. hole w/10# MLF. Spot 25 sx cmt. @ 6300'. Spot 50 sx cmt. @ 4780'. WOC and tag @ 4410'.
Spot 25 sx cmt. @ 3150' calc. TOC @ 3027'.
9-30-04 Spot 25 sx. cmt. @ 2200' to 2100'. Spot 135 sx cmt. from 498' to surf. RDMO.
Install dry hole marker and clean location.

**Note: This well is a State well; however, Tract 1 is Federal. Therefore, we respectfully request that the BLM update the well status in their database. Due to an oversight, this notice was not filed in a timely manner. We apologize for any inconvenience.

ACCEPTED FOR RECORD

JUL 9 2008

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Devire D Crabb	Title Production Analyst
Signature	Date June 27, 2008

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by Chris Williams	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

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

COPY

Form C-103
March 4, 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 30-025-05148
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Stephens & Johnson Operating Co.		6. State Oil & Gas Lease No
3. Address of Operator P.O. Box 2249, Wichita Falls, TX 76307-2249		7. Lease Name or Unit Agreement Name Denton N. Wolfcamp Unit Tr. 6
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>South</u> line and <u>2180</u> feet from the <u>East</u> line Section <u>26 NW SE</u> Township <u>14S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number 15
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
		10. Pool name or Wildcat Denton Wolfcamp

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL Sect Twp Rng Pit type Depth to Groundwater Distance from nearest fresh water well
Distance from nearest surface water Below-grade Tank Location UL Sect Twp Rng
feet from the line and feet from the line

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 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"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND 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. 1. 9-27-04 MIRU. 2. 9-28-04 Set 5-1/2" CIBP @ 9120' w/ 35' cmt. TOC @ 9085'. 3. 9-29-04 Circ. hole w/ 10# MLF. 4. Spot 25 sx cmt. @ 6300'. 5. Spot 50 sx cmt. @ 4780' WOC & tag @ 4410'. 6. Spot 25 sx cmt. @ 3150', calc. TOC @ 3027'. 7. 9-30-04 Spot 25 sx cmt. @ 2200 to 2100'. 10. Spot 135 sx cmt. from 498' to surf. RDMO. Install dry hole marker & clean location.

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 Roger Massey TITLE Agent DATE 10-05-04

Type or print name Roger Massey E-mail address: Telephone No. (432) 530-0907

(This space for State use)

APPROVED BY Harry W. Wink TITLE OCD FIELD REPRESENTATIVE II / STAFF MANAGER DATE OCT 18 2004
Conditions of approval, if any:

Approved as to plugging of the Well Bore
Liability under bond is retained until
surface restoration is completed.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED
OMB NO. 1004-0135
Expires. November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.

8910086960 - LC031620B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
East Eumont Unit

8. Well Name and No.

127

9. API Well No.

30-025-06064

10. Field and Pool, or Exploratory Area
Eumont Yates 7Rvr Qn

11. County or Parish, State

Lea

NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

OXY USA WTP Limited Partnership

192463

3a. Address

P.O. Box 50250, Midland, TX 79710-0250

3b. Phone No. (include area code)

432-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FNL 510 FWL NWNW(D) 12-20S-37E

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Change Plans | <input checked="" type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

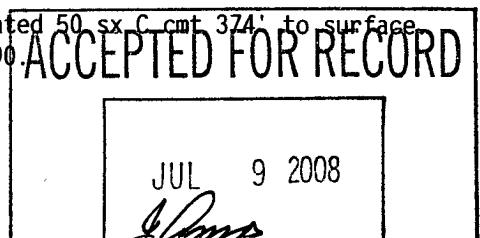
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07/01/08

Notified BLM, Pat Hutchinson. Moved Basic rig #1703 and plugging equipment to location. Set 170 bbls steel pit. Flowed down well. PU 4 jts 2-3/8" and tagged CIBP @ 3,572'. RU cementer, cleared tubing w/ 12bbl, pumped 25 sx C cmt 3,576 - 3,326'. POOH w/ tubing. RIH w/ 5" HM tbg-set CIBP and 86 jts tubing and set @ 2,683'. Loaded hole w/ #10 plugging mud, pumped 25 sx C cmt 2,683 - 2,437'. PUH @ 1,653' and pumped 25 sx C cmt @ 1,653'. POOH w/ tubing and WOC. Will tag on 07/02/08. SDFN

07/02/08

RIH w/ tubing, tagged cmt @ 1,395'. PUH w/ tubing to 374' and circulated 50 sx C cmt 374' to surface. POOH w/ tubing. ND BOP and topped off casing w/ cmt. RDMO to MLMU#190.



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

David Stewart

Title

Sr. Regulatory Analyst

BUREAU OF LAND MANAGEMENT
ALBUQUERQUE FIELD OFFICE

Date

7/3/08

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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Office

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

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☐ Alter Casing

☐ Casing Repair

☐ Change Plans

☐ Convert to Injection

☐ Deepen

☐ Fracture Treat

☐ New Construction

☒ Plug and Abandon

☐ Plug Back

☐ Production (Start/Resume)

☐ Reclamation

☐ Recomplete

☐ Temporarily Abandon

☐ Water Disposal

☐ Water Shut-Off

☐ Well Integrity

☐ Other _____

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JUL 9 2008

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Name (Printed/Typed)

David Stewart

Title

Sr. Regulatory Analyst

Date

7/3/08

**BUREAU OF LAND MANAGEMENT
SILSBAD FIELD OFFICE**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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