

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
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-01037
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State C AC 1
8. Well Number 4
9. OGRID Number 20165
10. Pool name or Wildcat SWD Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4237' GR

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 **SWD**

2. Name of Operator
Samson Resources Company

3. Address of Operator
Two West Second Str., Suite 2350B, Tulsa, OK 74103-3134

4. Well Location
Unit Letter **M** : **660** feet from the **South** line and **660** feet from the **West** line
Section **2** Township **12S** Range **33E** NMPM **Lea** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4237' GR

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 ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **Bradenhead Test** ☒

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.

6/26/2008; Annual Bradenhead Test; Copy of Chart Attached

RECEIVED

AUG - 7 2008

HOBBS OCD

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *David Bedingfield* TITLE **Env. & Safety Tech.** DATE **8/6/2008**

Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only

APPROVED BY: *Chris Williams* TITLE **OC DISTRICT SUPERVISOR/GENERAL MANAGER** DATE **AUG 07 2008**

Conditions of Approval (if any):

