

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.	3002523786
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	SWD - 0092
7. Lease Name or Unit Agreement Name	STATE "AB" WELL
8. Well Number	1
9. OGRID Number	170966
10. Pool name or Wildcat	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  
NABORS WELL SERVICES

3. Address of Operator  
P.O. BOX 5208 HOBBS, NM 88241

4. Well Location  
Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line  
Section 03 Township 19S Range 37E NMPM County LEA

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

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 ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: MIT CASING TEST 500 PSI 30 MIN'S ☒

OTHER: ☐

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.

MIT CASING TEST 500 PSI FOR 30 MINUTES

RECEIVED

AUG 21 2008

HOBBS OCL

Spud Date:

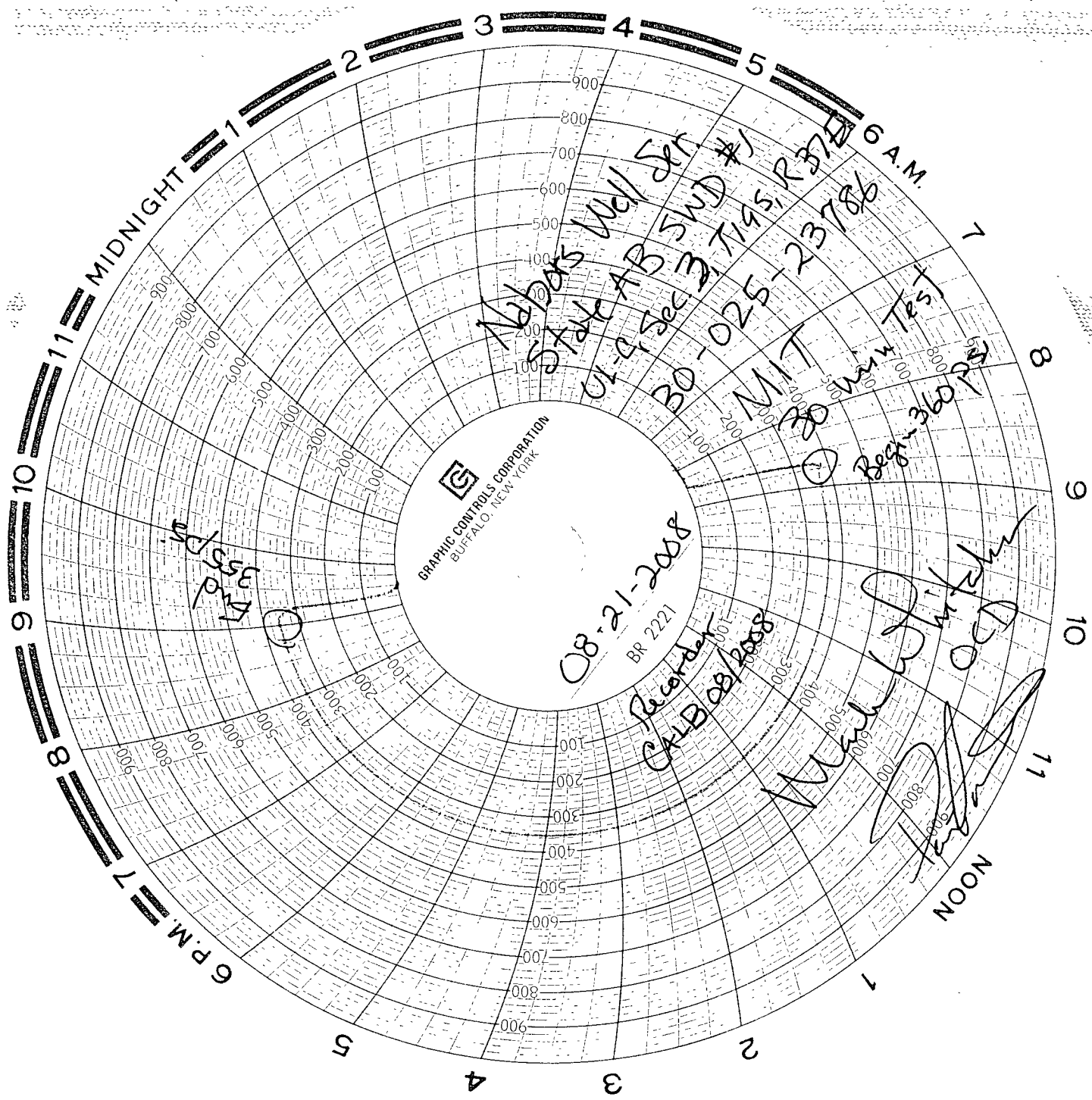
Rig Release Date:

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

SIGNATURE Freeman Young TITLE AREA MANAGER DATE AUGUST 21, 2008

Type or print name FREEMAN YOUNG E-mail address: FREEMAN.YOUNG@NABORS PHONE: 575-392-2577  
**For State Use Only** COM

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE AUG 25 2008  
Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

Nabors Well Ser  
State AB SWD #1  
U-2, Sec 3 T195, R378  
30-025-23786  
MIT

08-21-2008  
BR 2221  
Recorder  
CAB 08/2008

30 min Test  
Begin 3:00 PM  
Mark White  
J.D.  
NOON