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Submit 3 Copies State of New Mexico	Form C-103	
District I Energy, Minerals and Natural Resources	June 19, 2008	
1625 N French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W Grand Of Trail 6 2008 OIL CONSERVATION DIVISION	WELL API NO. 30-025-11184	
District III A CATESIA NO 2000 OIL CONSERVATION DIVISION	5. Indicate Type of Lease	
District IV	STATE FEE 6. State Oil & Gas Lease No.	
1220 S St Francis Dr , Santa Fe, NM	0. State Off & Clas Lease No.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
(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)	Langlie Jack Unit /	
1. Type of Well: Oil Well Gas Well Other Thicction	8. Well Number # 16	
2. Name of Operator	9. OGRID Number	
Address of Operator	10. Pool name or Wildcat	
505 N. Big Spring, Suite 204-Midland Tx 7970		
4. Well Location		
Unit Letter <u>660</u> feet from the <u>South</u> line and <u>6</u>		
Section 21 Township 24 S Range 37E	NMPM Lea County NM	
11. Elevation (Show whether DR, RKB, RT, GR, etc.	and the second	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WOR		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DF	RILLING OPNS. 🗌 PAND A 🦻	
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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.		
See attached ConocoPhillips report of PEA.		
ord of the of the of the of the		
- Anor-	ved for plugging of well hore only.	
	ty under bond is retained nending rocsing	

Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnrd.state.nm.us/ocd.

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Spud Date:

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Rig Release Date:

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

SIGNATURE Cinc Momme TITLE President	DATE 0-14-08
Type or print name Craig M. McDonold E-mail address:	PHONE: 432.682.3499
	DATE OCT 17 2008
APPROVED BY:	· · ·