## State of New Mexico PCCIVE Piergy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-20

| MAN U S / IMU   1220 South St. Francis Dr.   Santa Fc, NM 87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILE IN TRIPLICATE  OIL CONSERVATION DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Revised 3-27-2004                                 |
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| Similar True   State   | DISTRICT I 1625 N. French Dr., Hobbs, NM 88240  Sonto Fo. NM 87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                 |
| 101 W Grand Are, Arleaus, NM 87310   STATE   X   FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DISTRICT II HOBBSOCD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |
| SUNDRY NOTICES AND REPORTS ON WELLS   CIDON NOTICES AND REPORTS ON WELLS   SUNDRY NOTICES AND REPORTS ON WELLS   SUNDRY NOTICES AND REPORTS ON WELLS   SUNDRY NOTICES AND REPORTS ON WELLS   SOuth Holbis (G/SA) Unit   Section 9   Sect   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS PROM FOR PROSONALS TO DRILL OR TO DEEPIN OR PLUG BACK TO A DIFFERENT RESERVOR (SSE APPLICATION FOR PEBMIT ("Gene Incl) for such proposals.)  1. Type of Well:  Oil Well X Gas Well Other  On Well X Gas Well Other  Occidental Perman Ltd.  2. Address of Operator Cocidental Perman Ltd.  3. Address of Operator Until Letter C : 7D Feet From The North Section 9 Township 19-S Range 38-E NMMM Leal County  1017 W. Stanolind Rd. Hobbs, NM 88240  4 Well Location Und Letter C : 7D Feet From The North Section 9 Township 19-S Range 38-E NMMM Leal County  11-Evaston (Shor whether DP. NKR, RT GR. sec) 36120K DB  Pit or Below-grade Tank Application or Closure Pit Type Depth of Ground Water Distance from nearest firsh water well Distance from nearest surface water Pit Liner Thuckness Intl Below-Grade Tank: Volume bibls; Construction Material  12 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON SUBJECT OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMEDIAL WORK ALTER CASING Multiple Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of Starting any proposed work) SEE RULE [103, For Multiple Completions: Attach wellbure diagram of proposed completion or recompletion.  1. RUPU, RU REV UNIT  2. THE QAS ADDITION TO 4256, CIRC HOLE CLEAN 4. PULL BIT UP TO 4050° 5. RUN BIT IN TO 4256, RUP OWER SWIVEL  DATE MAN DATE AND DATE OF DATE OF SALE SQL  ***SEE ATTACHED***  DATE MAN DATE OF DATE OF DATE OF SALE SQL  ***SEE ATTACHED**  DATE MAN DATE OF DATE OF SALE SQL  ***SEE ATTACHED**  **TILE Administrative Associate DATE DATE DATE OF SALE SQL  ***SEE ATTACHED**  ***PERFORMER OD.**  ***SEE ATTACHED**  ***SEE ATTACHED**  ***PERFORMER OD.**  ***SEE ATTACHED**  ***SEE ATTACHED**  ***PERFORMER OD.**  ***SEE ATTACHED**  ***PERFORMER OD.**  | DISTRICT III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. State Oil & Gas Lease No.                      |
| OD NOT USE THIS TOWN FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLAG BACKT 10 A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)  1. Type of Wel.  2. Name of Operator Onl Well X Gas Well Other  2. Name of Operator Onl Well X Gas Well Other  3. Address of Operator In 17 W. Standing Rd., Hobbs, NM 83740  4. Well Location Unit Letter C 70 Feet From The North Unit Letter C 70 Feet From The North Section 9 Township 19-S Ronge 38-E NMPM Len County  3. Address of Operator Section 9 Township 19-S Ronge 38-E NMPM Len County  11. Everytance (Show whether DF, RKZ, RT CR. etc.) 3. Address of Operator Section 9 Township 19-S Ronge 38-E NMPM Len County  12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PIT the Pelow-Grade Tank Aphabandon Grands Tank: Volume bbls; Construction Material  12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON ABANDON GHANGE PLANS COMMENCE ORILLING OPNS. PLUG & ABANDONMENT  TEMPORARILY ABANDON GHANGE PLANS COMMENCE ORILLING OPNS. PLUG & ABANDONMENT  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including stimuted date of Starting any proposed work) SEE RULE 11(3). For Multiple Completions  14. TRIC & Grands Plug & 400°P; PLUG & ADANDON SEE ACT COMPLETED ON SEED | 1000 Rio Brazos Rd, Aztec, NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |
| DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (Feers C-101) for such proposals.)  1. Type of Well.  Olivel   Section 9  1. Type of Well.  Olivel   Section 9  1. Type of Well.  Olivel   Section 9  1. Well No. 157984  Occordental Perman Ltd.  1. Address of Operator  1017 W. Standind Rd., Hobbs, NM 88240  4 Well Location  Until Letter   C   70   Feet From the   North   2570   Feet From The   West   Line    Section 9  Township   19-S.   Range   18-E.   NMPM   Lica   County    1. Elevation (Shore whether DF. RRR, RT GR. etc.)  3. 16128' R1B  Pit or Below-grade Tank Application   or Closure   Distance from nearest fresh water well   Distance from nearest surface water    Pit Liper   Depth of Ground Water   Distance from nearest fresh water well   Distance from nearest surface water    Pit Liner Thickness   mill   Below-Grade Tank: Volume   bibs; Construction Material    12   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data    NOTICE OF INTENTION TO:   REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   DISTANCE    PULL OR ALTER CASING   Multiple Completion   CASING TEST AND CEMPLIANG OPEN:   PLUG & ABANDONMENT    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   103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion   RULE   | SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Lease Name or Unit Agreement Name              |
| Out Well X Gas Well Other  Occidental Perman Ltd.  3. Address of Operator  Occidental Perman Ltd.  3. Address of Operator  101 P. Manne of Wildcat  Hobbs (G/SA)  Well Lostion  Until Lette C : 70 Feet From The  North  2570 Feet From The  West  Line  Section 9 Township 19-S Range 38-E NMPM Len  Country  161 Letterston (Size) whether DF. RRB. RT GR. etc.)  162 Depth of Ground Water  Distance from nearest fresh water well  Distance from nearest surface water  Pit Liner Thickness  mill Below-Grade Tank: Yolume  bls; Construction Material  12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ` '                                               |
| 2. Name of Operator Occidental Perman Ltd.  3. Address of Operator 1017 No. 157984    101 Pool name or Wildcat   Hobbs (G/SA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Well No 147                                    |
| 3. Address of Operator 1017 W. Standlind Rd., Hobbs, NM 88240  4. Well Location Unit Letter C : 70 Feet From The North 2570 Feet From The West Line Unit Letter C : 70 Feet From The North 2570 Feet From The West Line Section 9 Township 19-S Range 38-E NMPM Lea County  11. Elevation (Show whether DF, RRB, RT GR, etc.) 361208' RDB  Pit or Below-grade Tank Application or Closure Distance from nearest fresh water well Distance from nearest surface water Pit Type Depth of Ground Water Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness mill 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 COMMENCE PRILLING OPNS. PLUG & ABANDONMENT PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB OTHER: Return well to production  TEMPORARILY ABANDON CHANGE PLANS COMMENCE PRILLING OPNS. PLUG & ABANDONMENT PULL OR ALTER CASING Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RUEL 103, For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  1. RU PU, RU REV UNIT 2. TBG @ 4070' PULD BTD UP TO 4050' 3. CIBP @ 4070', PULB TU PTO 4050' 5. RUN BT IN TO 4256, RU POWER SWIVEL 6. DRILL CIBP @ 4256', DRILL CMNT TO 4259', TAG SOLID @ 4259' 7. PERFORATE 5' & CSG @ 4123' 48' 8. RIH W PKR TO 200'  1. CHEMICAL TREATMENT, PUMP SCALE SQZ  ***SEE ATTACHED***  Thereby 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'vill be constructed or closed according to NMOCD guidelines and complete to the best of my knowledge and belief. I further certify that any pit  | 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9 OGRID No. 157984                                |
| 1017 W. Stanclind Rd., Hobbs, NM 88240  4 Well Leating Unit Letter C : 70 Feet From The North 2570 Feet From The West Line Section 9 Township 19-S Range 38-E NMPM Lea County    1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10 Pool name or Wildcat Hobbs (G/SA)              |
| Unit Letter C : 70 Feet From The North 2570 Feet From The West Line Section 9 Township 19-S Range 38-E NMPM Lea County    11. Elevation (Now whether DF, RKB, RT GR. etc.)   36120R RDB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1017 W. Stanolind Rd., Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |
| Notice of the 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 or recompletion or recompletion or recompleted on Action 25°, RIL BOY 100 TO 500 SIL BOYLL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 200 SIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 200 SIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 200 SIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 200 SIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 200 SIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 200 SIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 200 SIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLID @ 4259°.  RIL BOYLL CMNT TO 425°, RIL CMNT TO 425°, TAG SOLI   | 4 Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| Pit or Below-grade Tank Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Unit Letter C: 70 Feet From The North 2570 Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t From The West Line                              |
| Pit or Below-grade Tank Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Section 9 Township 19-S Range 38-F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E NMPM Lea County                                 |
| Pit or Below-grade Tank Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11. Elevation (Show whether DF, RKB, RT GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
| Pit Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 361208' RDB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |
| Pit Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pit or Below-grade Tank Application or Closure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |
| Pit Liner Thicknessmil Below-Grade Tank: Volumebbls; 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THE LINE THRERIESS IIII Below-Glade Talik. Volume bbls, Construction Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB OTHER: Return well to production X  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. RU PU, RU REV UNIT 2. TBG @ 4070' 3. CIBP @ 4070', PUSH DWN TO 4256, CIRC HOLE CLEAN 4. PULL BIT UP TO 4050' 5. RUN BIT IN TO 4256', RU POWER SWIVEL 6. DRILL CIBP @ 4256', DRILL CMNT TO 4259', TAG SOLID @ 4259' 7. PERFORATE 5's CSG @ 4123'-48' 8. RIH W, PRR TO 2001' 9. SET PKR @ 4115', TEST CSG TO 500 PSI, OK 10. ACIDIZE, ROCK SALT BLOCK 11. CHEMICAL TREATMENT, PUMP SCALE SQZ  ***SEE ATTACHED***  Ihereby 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| PULL OR ALTER CASING  Multiple Completion  OTHER:  Return well to production  X  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. RU PU, RU REV UNIT 2. TBG @ 4070', PUSH DWN TO 4256, CIRC HOLE CLEAN 4. PULL BIT UP TO 4050' 5. RUN BIT IN TO 4255', RU POWER SWIVEL 6. DRILL CIBP @ 4256', DRILL CMNT TO 4259', TAG SOLID @ 4259' 7. PERFORATE 5 ½ CSG @ 4123'-48' 8. RIH W PRR TO 2001' 9. SET PKR @ 4115', TEST CSG TO 500 PSI, OK 10. ACIDIZE, ROCK SALT BLOCK 11. CHEMICAL TREATMENT, PUMP SCALE SQZ  ***SEE ATTACHED***  Thereby 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  TITLE  Administrative Associate  DATE  AND 6 200  PETROLEUM ENGINEER  DATE  AND 6 200  PETROLEUM ENGINEER  DATE  AND 6 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |
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| OTHER: Return well to production  IS  Return well does including esturated date of starting any proposed completion or recompletion or recompletion.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
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| APPROVED BY DATE JAN 0 6 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | For State Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
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| CONDITIONS OF APPROVAL IF ANY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONDITIONS OF APPROVAL IF ANY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JANU 6 200                                        |

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- 12. TALLY TBG 135 JTS
- 13. RUN ESP, PU 132 JTS, BOTTOM OF ESP 4104'
- 14. RD PU AND CLEAN LOCATION

RU PU 11/17/08 RD PU 11/21/08