State of New Mexico Energy, Minerals and Natural Resources

Office District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W Grand Ave., Artesia, NM 882 1000 Rio Brazos Rd., Aztec, NM 87410

District IV 1220 S St Francis Dr . Santa Fe, NM 87505

APPROVED BY:

Conditions of Approval (if any):

SERVATION DIVISION 1220 South St. Francis Dr. FLU 19 2005 anta Fe, NM 87505

HOBB	SOCE
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SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A

WELL API NO.		
30-025-00367		
5. Indicate Type of Lea	se	
STATE 🖂	FEE	

١.	State On &	Gas	Lease	NO.	
B-	9683				

٠	Lease Maine	OI	Omi	Agree	menţ

SUBSEQUENT REPORT OF:

DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	Anderson Ranch Unit
1. Type of Well: Oil Well Gas Well Other	8. Well Number
2 Name of Operator	9 OGRID Number

Grand Banks Energy Company 155471

3. Address of Operator 10. Pool name or Wildcat

Anderson Ranch Wolfcamp 10 Desta Drive, Suite 300-E, Midland, Texas 79705 4. Well Location Unit Letter: R 1980 feet from the South line and 1980 feet from the East line Section **NMPM** Lea County

Township 16S Range 32E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4302' GR

NOTICE OF INTENTION TO:

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

PERFORM REMEDIAL WORK			EDIAL WORK	_	ALTERING CASING	3 🔲
TEMPORARILY ABANDON	CHANGE PLANS		IMENCE DRILLING C	DPNS.∐ I	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CAS	ING/CEMENT JOB			
DOWNHOLE COMMINGLE]					
OTHER:		□ ОТН		×		
13. Describe proposed or com						
~	work). SEE RULE 1103. For	r Multiple Com	pletions: Attach well	lbore diagran	n-of proposed comp	oletion
or recompletion.						•
SUBSEQUENT MIT TEST FOLL	OWUP OF APPROVED TA	WELL (EXPI	RED 5/30/06)			
RU pump truck, pressure test casin	ig to 475 psi for 30-minutes, r	recorded test or	n chart. Good test.			1
		Г		TTA	4 Status X	EGUIRE
Spud Date: Dec 29, 2008	Rig Re	elease Date:	Dec 29, 2008	5	00#,30 MZ.	N. TEST
					25tatus X 00#,30 mz. 2-20-0	9
I hereby certify that the information	n above is true and complete	to the best of n	ıy knowledge and bel	ief.	X'h	W4.
SIGNATURE TWO	uflig TITLE	E Agent	DATE: February	16, 2009	,	~
Type or print name Terry M. Duff For State Use Only	fey E-mai	il address:	? PHONE	: 432-686-97	790 1 2 2 3 2012 1 2 2 3 3 4 3 2012 1	

This Approval of Temporary Abandonment Expires _____

TITLE

12 29 08 Mike Searan MENEMON: 178815 (PAB 11 308