Submit 3 Copies To Appropriate District Office Energy, Minerals and Natu		Form C-103				
District I	ı	June 19, 2008 WELL API NO.				
1625 N. French Dr., Hobbs, NM RECEIVE CONSERVATION 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. French	NDIVISION	30-025-05201				
1301 W Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 874APR 2 / 7003 Santa Fe, NM 87505		5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 874A6 N Z / 2003 Santa Fe, NM 8' District IV	7505	STATE FEE X				
1220 S. St. Francis Dr., Santa Fe, MOBBSOCO 87505		6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WEL	7. Lease Name or Unit Agreement Name:					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10)		Denton North Wolfcamp				
PROPOSALS.) 1. Type of Well:		Agree #8910087370				
Oil Well Gas Well Other injection		8. Well Number Tract 6, Well #30				
2. Name of Operator		9. OGRID Number				
Stephens & Johnson Operating Co.		019958				
3. Address of Operator P.O. Box 2249, Wichita Falls, TX 76307-2249		10. Pool name or Wildcat Denton Wolfcamp				
4. Well Location		Dericon worreamp				
Unit Letter H: 1980 feet from the Nor	v+h 15	460 feet from the East line				
Offic Letter	th line and	460 feet from the East line				
	Range 37E	NMPM County Lea				
11. Elevation (Show whether	<i>DR, RKB, RT, GR, etc</i> 06 GR					
		32, 3				
12. Check Appropriate Box to Indicate	Nature of Notice, I	Report, or Other Data				
	1					
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON X	REMEDIAL WORK	☐ ALTERING CASING ☐				
TEMPORARILY ABANDON	COMMENCE DRILLI	NG OPNS. P AND A				
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT JO	ов 🗆				
DOWNHOLE COMMINGLE						
<u> </u>						
OTHER:	OTHER:					
13. Describe proposed or completed operations. (Clearly state all pe	<u> </u>	ve 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. TOOH w/tbg. and pkr. 35' by BATLER OR Z5 3X5		The second secon				
2. Set CIBP @ 9080' with 20 ' cmt.		ion Division Must be notified				
3. Set 35 sx. cmt plug from 6100-5800. 4. Set 50 sx. cmt. plug from 4825-4500'. 24 hours prior to the beginning of plugging operations						
5. Set 35 sx. cmt plug 3150-3000'. Base of salt - 3100'.						
6. Set 35 sx. cmt plug 2250-2100'. Top of salt -						
7. Perf 510'. Squeeze w/35 sx cmt. 8. Perf. 60'. Cmt w/15 sx. 9. Cut off wellhead	T					
8. Perf. 60'. Cmt w/15 sx. 9. Cut off wellhead	. Install marker.					
Spud Date: Rig Relea	se Date:					
Tag Reica	isc Date.					
I hereby certify that the information above is true and complete to the	best of my knowledge	and belief.				
SIGNATURE TITLE Petroleum Engineer DATE Apr 21, 2009						
Type or print name Bob Gilmore, P.E. Be-mail address:PHONE 940-723-2166						
For State Use Onty A						
APPROVED BY Y Valey & Brown TIT	ATTROVED BY DATE 1/28/2007					
Conditions of Approval (if any):						

		STEPHENS & JOHN	ISON OPER	ATING CO.			
WELL NAME:	DENTON N. WOLCAMP UN	IT NO 6-30		SPUD DATE:			
LOCATION:	1980' FNL & 460' FI			RIG REL:			
LAT/LONG:				COMP DATE:			-
SEC/TWP/RGE _ COUNTY, ST:	SEC 35 T14S R37 LEA COUNTY, N			FIELD: _ FORMATION:		TOM FCAMP	
WELL TYPE:	INJECTION			STATUS:	WOL	OAIIII	-
S & J et al WI:				API NO:	30-025	5-05201	
IP L	BOPD BWPD MCFD		C	DENTON N. WOLCA	AMP UNIT NO. 6-30		
CURT CASING D	NEION .	42 4/4" 1/5/5	PRO	OPOSE PLUGGING PR	ROCEDURE		
SURF CASING D	JESIGN	12 1/4" Hole] , j.	15 SX 1	; KB 3818'		
10 3/4" 32.75#		_ i		60'	DF		
SET @	459'		12 1/4"	The selection of the control of the	GL 3806'		
CEMENT W/	450 sx		Hole	35 SX	<u> </u>	459'	
TAILED W/	sx		;; ;;	510'	Cmt w/ 450	sx	
PROD CASING D	DESIGN	9" Hole		1 6:			
		7 1010	0	2100			
7 5/8" 24# & 26.4	4#	_	1	35 SX			
		-		toorer t'			
257.0	47701	_	į į				
SET @ CEMENT W/	4778' 1927 sx		2.	3000'	•		
TAIL IN W/	sx		9"	Transport :			
DV TOOL @			Hole				
CMT TOP @ _ DETER. BY	71177777774		90	3150'			
			1				
LINER 5 1/2" 17#			ξ.				
3 1/2 1/1			:	4500'			
TOP @	4587'			35 SX			
BTM @ -	9370' 475 sx		<i>i</i> .	4650'	5 1/2" 17# Liner, Top	p @ 4587'	
						4778'	
ROD STRING	COUNT FEET TYPE			15800'	Cmt w/ 1927	sx	
7/8"		_		35.8X and 1. 11	TOC OF 5 1/2 - 6790	n'	
3/4"					700010112 0701	•	
5/8" _ K-Bars		4					
TOTAL	**************************************			1			j.
		_ .		. Hilliam to a			İ
DUMP DEGO				· CIB			
PUMP DESC: _					9080' 9179-9209		
_	BTM PERF SPF FORM						
_	BTM PERF SPF FORM		PBTD @ 9368'		9179-9209 Btm Line	_	
_	BTM PERF SPF FORM		PBTD @ 9368'		9179-9209	r @ 9370' sx	
# TOP PERF	BTM PERF SPF FORM		PBTD @ 9368'	@ 9370'	9179-9209 Btm Line	_	
_	BTM PERF SPF FORM		PBTD @ 9368'	@ 9370'	9179-9209 Btm Line	_	
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# TOP PERF 9179-9209' TUBING DESIGN SET @ PKR TYPE			PBTD @ 9368'	@ 9370'	9179-9209 Btm Line	_	
# TOP PERF 9179-9209' TUBING DESIGN SET @			STIMULATIO	@ 9370'	9179-9209 Btm Line	_	
# TOP PERF 9179-9209' TUBING DESIGN SET @ PKR TYPE SN ID, DEPTH TBG ANCH. @			STIMULATIO	@ 9370'	9179-9209 Btm Line	_	
# TOP PERF 9179-9209' TUBING DESIGN SET @ PKR TYPE SN ID, DEPTH TBG ANCH. @ PUMPING UNIT /			STIMULATIO	@ 9370'	9179-9209 Btm Line	_	
# TOP PERF 9179-9209' TUBING DESIGN SET @ PKR TYPE SN ID, DEPTH TBG ANCH. @ PUMPING UNIT / UNIT SL; SPM			STIMULATIO	@ 9370'	9179-9209 Btm Line	_	
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Submit 3 Copies To Appropriate District State of New Mexico	Form C-103 June 19, 2008			
Office Energy, Minerals and Natural Resources	WELL API NO.			
1625 N French Dr., Hobbs, NM 87240 District II CONSERVATION DIVISION	30-025-05201			
District III 1301 W Grand Ave, Artes DE LEGISTON District III 1220 South St. Francis Dr. District III	5. Indicate Type of Lease STATE FEE X			
1000 Rio Brazos Rd, Aziec, NM 87410 Santa Fe, NM 87505 District IV APR 1 4 2009	6. State Oil & Gas Lease No.			
1220 S St Francis Dr , Santa Fe, NM 87505 HOBBSOCD				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name: Denton North Wolfcamp			
PROPOSALS)	Agree #8910087370			
1. Type of Well: Oil Well Gas Well Other injection	8. Well Number Tract 6, Well #30			
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3. Address of Operator P.O. Box 2249, Wichita Falls, TX 76307-2249	10. Pool name or Wildcat Denton Wolfcamp			
4. Well Location				
Unit Letter H: 1980 feet from the North line and	460 feet from the East line			
Section 35 Township 14S Range 37E	NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, et 3806 GR	c.)			
12. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data			
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON K REMEDIAL WORK	☐ ALTERING CASING ☐			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT J				
DOWNHOLE COMMINGLE	001-111-1			
NO.	SCHEMATIC ATTACHED			
OTHER: OTHER:				
13. Describe proposed or completed operations. (Clearly state all pertinent details, and gi of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attack	n wellbore diagram of proposed completion			
or recompletion. IN CASED HOL	TOP SALT 2200' ETWEEN BASE SALT 3100'			
or recompletion. 1. TOOH w/injection tbg. and pkr. Z55X AAX 3000' B 2. Set 5 1/2" CIBP @ 9080' with 20 cmt. PLUGS 3. Set 50 sx. cmt plug from 4800-4530' to cover base of salt.	ETWEEN BASE SALT 3100'			
3. Set 50 sx. cmt plug from 4800-4530' to cover base of salt.				
4. Set 35 sx. cmt. plug from 2335-2235 to cover top of salt.				
5. Set 35 sx. cmt plug 510-410'. — PERF \$ \$ ΦZ. 6. Set 5 sx. cmt plug 10-0'.	Mount be notified			
The Oil (Conservation Division Must be notified s prior to the beginning of plugging operations			
Spud Date: Rig Release Date:				
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.			
SIGNATURE Petroleu bgilmore@s.	m Engineer DATE Apr 13, 2009			
Type or print name Bob Gilmore, P.E. E-mail address: PHONE 940-723-2166				
For State Use Only				
APPROVED BY TITLE Conditions of Approval (if any):	DATE			