Submit 3 Copies To Appropriate District Office
District I
1625 N French Dr , Hobbs, NM 88240
District II
1301 W Grand Ave , Artesia, NM 88210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
1220 S St Francis Dr , Santa Fe, NM 87505

RECEIVED
MAY 18 2009
HOBBSOCD

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO.
30-25-29997

5. Indicate Type of Lease ~~FEDERAL~~
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-1671

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

7. Lease Name or Unit Agreement Name
SANMAL QUEEN UNIT

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION

8. Well Number
010

2. Name of Operator
SMITH & MARRS, INC.

9. OGRID Number
020989

3. Address of Operator
P.O. BOX 863 KERMIT, TX 79745

10. Pool name or Wildcat
SANMAL QUEEN

4. Well Location
Unit Letter C : 530 feet from the NORTH line and 1750 feet from the WEST line
Section 12 Township 17S Range 33E NMPM County LEA , NM

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

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type_____ **Depth to Groundwater**_____ **Distance from nearest fresh water well**_____ **Distance from nearest surface water**_____

Pit Liner Thickness: _____ **mil** **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	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER.	☐			OTHER: MECHANICAL INTEGRITY TEST	☒		

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.

Please see attached chart for MIT conducted on 4-23-09.
Note: Not witnessed by OCD

I hereby 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 ☐.**

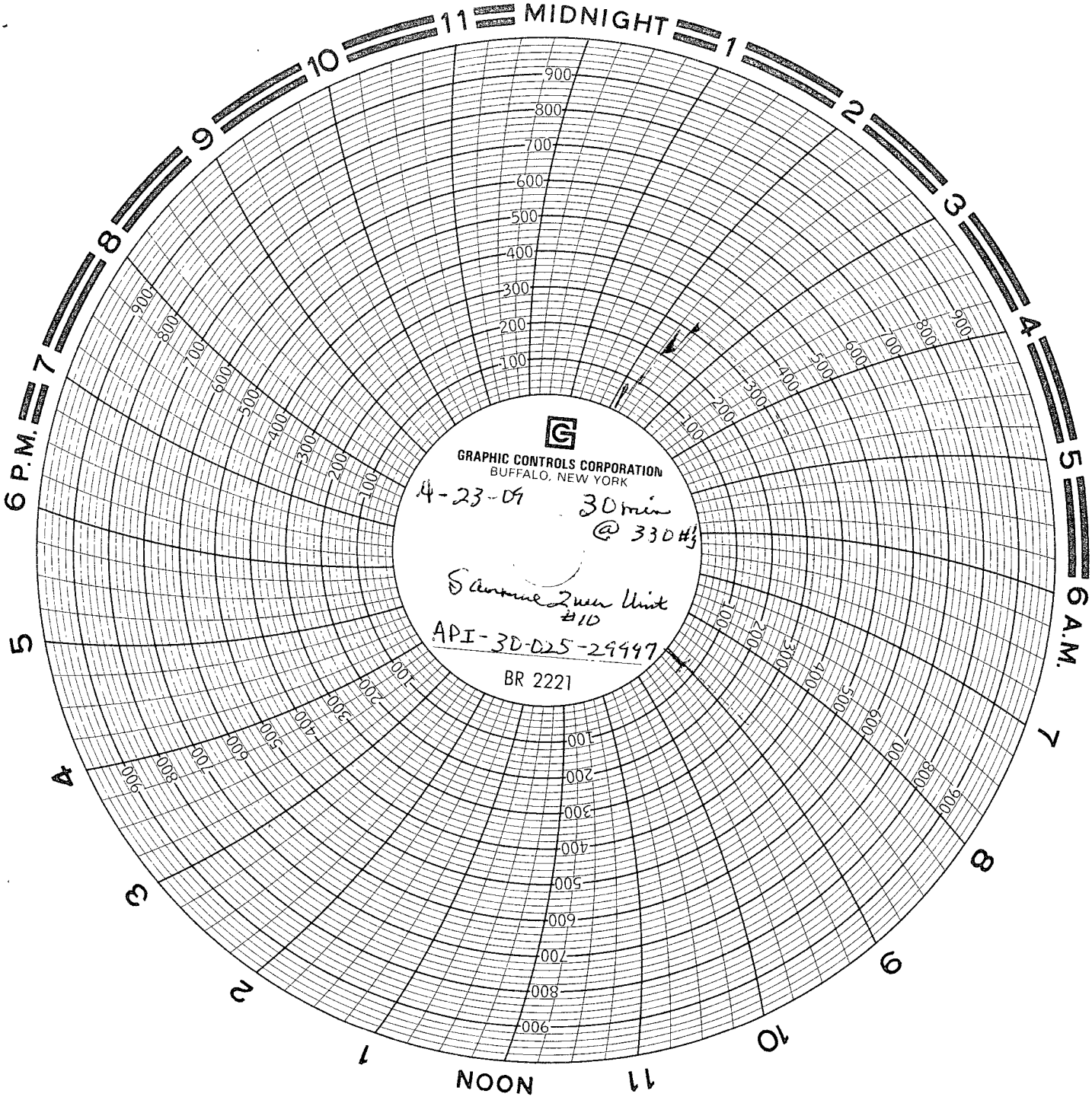
SIGNATURE Terri Jennings TITLE AGENT DATE 4-23-09

Type or print name E-mail address: Telephone No.

For State Use Only

APPROVED BY: Gary W. Hill TITLE DISTRICT 1 SUPERVISOR DATE MAY 19 2009

Conditions of Approval (if any):


MIDNIGHT
NOON
6 P.M.
6 A.M.
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
4-23-09
30 min
@ 330 #'s
Sammie Queen Unit
#10
API-30-025-29997
BR 2221