

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 87401
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

RECEIVED
HOBBSON
CONSERVATION DIVISION
JUN 19 2009

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-20267
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <i>Fed</i>
6. State Oil & Gas Lease No. 2807559
7. Lease Name or Unit Agreement Name Cato San Andres Unit
8. Well Number 138
9. OGRID Number 248802
10. Pool name or Wildcat Cato, San Andres

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐
2. Name of Operator
Cano Petro of New Mexico, Inc.
3. Address of Operator
801 Cherry Street Unit 25 Suite 3200
Fort Worth Texas 761023

4. Well Location
Unit Letter L : 1980 feet from the S line and 660 feet from the W line
Section 22 Township 8S Range 30E NMPM County Chavez
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 4139

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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: SWAB <input checked="" type="checkbox"/>	

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.

Conducted a swab test to evaluate well.

Swab on 3/2/09 2 bbl oil and 8 bbls of water in 4 hrs with swabbing unit.

Swab on 3/3/09 1 bbl in and 9 bbls of water in 4 hrs with swabbing unit.

All water and oil was hauled to battery 1 and pump thru separator.

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 *J. Chavez* TITLE Regulatory Coordinator DATE 4/15/09.

Type or print name _____ E-mail address: _____ Telephone No. _____
For State Use Only

APPROVED BY: *Tony W. Hill* TITLE DISTRICT 1 SUPERVISOR DATE JUN 23 2009
Conditions of Approval (if any): **FOR RECORD ONLY**