

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

<b>RECEIVED</b> <b>JUL 06 2009</b> <b>HOBBSOCD</b>		WELL API NO. <b>30-025-05201</b>
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)		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input checked="" type="checkbox"/>		6. State Oil & Gas Lease No.
2. Name of Operator <b>Stephens &amp; Jonson Operating</b>		7. Lease Name or Unit Agreement Name <b>Denton North Wolfcamp</b>
3. Address of Operator <b>P.O. Box 2249 Wichita Falls, TX 76307-2249</b>		8. Well number <b>Tract 6 Well #30</b>
4. Well Location Unit Letter <b>H</b> : <b>1980</b> feet from the <b>North</b> line and <b>460</b> feet from the <b>East</b> line Section <b>35</b> Township <b>14-S</b> Range <b>37-E</b> NMPM County <b>Lea</b>		9. OGRID Number <b>019958</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3806 GR</b>		10. Pool name or Wildcat <b>Denton Wolfcamp</b>
Pit or Below-grade Tank Application <input checked="" type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type <b>STEEL</b> Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water <b>N/A</b>		
Pit Liner Thickness: <b>STEEL</b> mil Below-Grade Tank: Volume bbls; Construction Material <b>STEEL</b>		

## 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 checked="" 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 <input 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.

- 1) 6/9/2009 Tag existing CIBP @ 8940' Circ hole w/ mud
- 2) 6/9/2009 Perf @ 6500' Pressure test to 2200 PSI Held Spot 35sxs cmt @ 6562' Tag plug @ 6122'
- 3) 6/10/2009 Perf @ 4828' Pressures test to 2000 PSI held Spot 50sxs cmt @ 4878' tag plug @ 4405'
- 4) 6/10/2009 Spot 35sxs cmt @ 3150'-2978'
- 5) 6/10/2009 Spot 45sxs cmt @ 2250' Tag plug @ 2042'
- 6) 6/11/2009 Perf @ 510' Sqz 60sxs cmt @ 510' tag plug @ 282'
- 7) 6/11/2009 Perf @ 60' sqz 40sxs to surface out of 10 3/4" csg leave 7 5/8" full of cmt
- 8) 6/12/2009 Install Dry Hole Marker

Approved for plugging of well bore only.  
 Liability under bond is retained pending receipt  
 of C-103 (Subsequent Report of Well Plugging)  
 which may be found at OCD Web Page under  
 Forms, [www.emnrfd.state.nm.us/oed](http://www.emnrfd.state.nm.us/oed).

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 [Signature] TITLE Area Manager DATE 6/22/2009

Type or print name

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUL 07 2009

Conditions of Approval (if any):