

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

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

<p>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.)</p>		<p>WELL API NO. 30-025-04991</p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator State of New Mexico/formerly CW Trainer</p>		<p>6. State Oil & Gas Lease No. LG-6801</p>
<p>3. Address of Operator 1625 N. French Drive, Hobbs, NM 88240</p>		<p>7. Lease Name or Unit Agreement Name: Morse</p>
<p>4. Well Location Unit Letter E : 1980 feet from the North line and 660 feet from the West line Section 27 Township 10-S Range 37-E NMPM County Lea</p>		<p>8. Well No. 1</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number 3474</p>
<p>10. Pool name or Wildcat N. Echols Devonian</p>		
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p>		
<p>Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p>		
<p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>		

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/></p>	
<p>OTHER: <input type="checkbox"/></p>		<p>OTHER: <input type="checkbox"/></p>	

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.

8/04/09 MIRU pulling unit and cementing equipment. NU BOP.
 8/05/09 Picked up work string and RIH and tagged CIBP @ 5395'. Circulated well with mud laden fluid. Spot 25 sx class C cement on top of CIBP @ 5395'. POH with tbq.
 8/06/09 Rig up wire line unit. RIH and perf csg. @ 4330'. POH with wire line. RIH w/ 5 1/2 packer and set @ 3937'. Sqz 25 sx class C cement. WOC 4 hrs. RIH & tagged plug @ 4190'. POH to 3900'. Spot 30 sx class C cement WOC. Tagged plug @ 3780'. POH w/ tbq. Perf. 8 5/8 csg. @ 2937'. POH w/ wire line. ND BOP & top flange. RIH w 8 5/8 AD 1 packer, Set @ 2730'. Pressured up to 1800 psi. Held. SDFN.
 8/07/09 POH w/ packer. RIH open ended and Spot 30 sx class C cement @ 2990'. WOC Tagged plug @ 2810'. Perf'd 8 5/8 csg. @ 2240'. RIH and set packer @ 1840'. Sqz'd 30 sx class C cement @ 1800 psi. SI and SDFN.
 8/10/09 Unset packer and tagged plug @ 2110. POH w/ tbq. Perf'd csg. @ 390'. Ran packer and 1 jt. and set @ 30'. Sqz'd 50 sx class C cement. circulated cement to surface. rigged down and clean location.
 8/12/09 Welder and Backhoe to location. Cut off wellhead and weld on Dry Hole Marker. fill in cellar and cut off anchors. Move off.

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.

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 Assistant DATE 8/17/09

Type or print name For State Use Only E-mail address: _____ Telephone No. _____
 APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE AUG 17 2009
 Conditions of Approval (if any): _____