

RECEIVED

MAY 12 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-005-27961
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6 State Oil & Gas Lease No
7 Lease Name or Unit Agreement Name CATO SAN ANDRES UNIT
8 Well Number 534
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator CANO PETRO OF NEW MEXICO, INC. 3 Address of Operator 801 CHERRY STR, UNIT 25 SUITE 3200 FT WORTH TX 76102 4 Well Location Unit Letter <u>J</u> <u>2577</u> feet from the <u>South</u> line and <u>2460</u> feet from the <u>East</u> line Section <u>11</u> Township <u>08S</u> Range <u>30E</u> NMPM <u>27</u> County <u>Chaves</u> 11 Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4157 (GL)</u>	
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER ☐OTHER. Install submersible pump ☒

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

2/13/2009

MIRU pulling unit

Pulled rods and pump. Pulled tubing. Rigged up sub pump. RIH w/ sub pump and 3320' of 2-7/8" J-55 tubing. RDMO pulling unit. Hooked up electricity and began pumping well with new pump.

Spud Date

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE

Collin Strawn

TITLE

Engineer

DATE

Type or print name Collin Strawn

E-mail address:

PHONE

817-698-0900

For State Use Only

APPROVED BY:

TITLE

PETROLEUM ENGINEER

DATE

SEP 02 2009

Conditions of Approval (if any)