

RECEIVED

MAY 12 2009

OIL CONSERVATION DIVISION

HOBBSD

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO	30-05-28012
5 Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No	
7 Lease Name or Unit Agreement Name	CATO SAN ANDRES UNIT
8 Well Number	560
9. OGRID Number	248802
10. Pool name or Wildcat	CATO; SAN ANDRES
11 Elevation (Show whether DR, RKB, RT, GR, etc.)	4134

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 STR, UNIT 25 SUITE 3200 FT WORTH TX 76102

4. Well Location

Unit Letter O 120 feet from the S line and 2490 feet from the E line

Section 11 Township 08S Range 30E NMPM 27 County CHAVES

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 ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS ☒ P AND A ☐

CASING/CEMENT JOB ☒

OTHER ☐

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

3/11/08 rig up drilling rig and spud in surface 12 1/4" hole set 560' of surface and cement with 350 sx class C cir to pit. Wait 8 hrs.

3/11/08 to 3/19/08 install BOP and test tih and begin drilling 7 7/8 hole

3/19/08 tooh and run electric log

3/20/08 run 4000' 101 jts 5.5" 15.5 # casing cement with 900 sx 65/35 pos and tail in with 400 sx Class C cir cement to pit.

Release Rig

Spud Date

3/11/08

Rig Release Date

3/20/08

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 4-14-09

Type or print name

Collin Strawn

E-mail address

PHONE

817-698-0900

For State Use Only

APPROVED BY

[Signature]

TITLE

PETROLEUM ENGINEER

DATE

SEP 09 2009

Conditions of Approval (if any)