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APR 27 2009

HOBBSON

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 28031 30-05-27961
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 584
9 OGRID Number 248802
10. Pool name or Wildcat CATO; SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4092 (GL)

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 St. Suite 3200 Ft. Worth, TX 76102

4. Well Location
Unit Letter G 2499 feet from the North line and 1385 feet from the East line
Section 15 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.

9-27-08 Rig up Begin Drilling 12 1/4" hole TD @ 1032 set 1025' 8 5/8 24# cement with 450 sx class C
9-28-08 WOC 8hrs Install BOP & Test Begin Drilling 7 7/8 hole.
10-6-08 TD 4002' TOOH Log
10-7-08 Run 103 5.5" set @ 4000'
10-9-08 Run cased hole logs land perforate following intervals 3382-3424, 3453-72, 3543-58
10-10-08 Acidized 20,000 gal 28%
10-11-08 Ran 114 2 7/8" tubing
10-13-08 Run rods and pump

Spud Date

9/27/08

Rig Release Date:

10/7/08

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 4-21-09

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):