

RECEIVED

SEP 17 2009

HOBBSOCD

## CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO 30-005-10455	
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	49
9. OGRID Number	248802
10. Pool name or Wildcat Cato; San Andres	
4. Well Location Unit Letter <u>L</u> <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>11</u> Township <u>8S</u> Range <u>30E</u> NMPM County <u>Chaves</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 4143	

## 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: Convert to injection

☒

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

9/22/08 MIRU PULLIN UNIT. PULLED RODS, PUMP, AND TUBING  
 9/23/08 TIH w/ 3-3/4" CONE BIT AND CLEANED OUT TD (3555')  
 9/24/08 RAN 3-1/2" 9.3# J-55 FLUSH JT LINER FROM SURFACE TO TD.  
 9/25/08 CEMENTED W/200 SX 50/50 Poz AND 200 SX CLASS C. WOC.  
 10/15/08 PERFORATED SAN ANDRES: 3414-3465', 3492-3539' 4 SPF  
 11/6/08 ACIDIZED SAN ANDRES W/ 3000 GAL 28% HCI  
 12/3/08 RIH W/2-1/16" SEAL TITE TUBING AND PACKER. SET PACKER @ 3320'  
 LOADED BACKSIDE W/FRESH WATER AND PERFORMED MIT. MIT PASSED  
 12/4/08 STARTED WATER INJECTION INTO SAN ANDRES.

Spud Date.

5/31/66

Rig Release Date:

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

SIGNATURE

TITLE Regulatory Coordinator

DATE

8/14/09

Type or print name

CINDY CHAVEZ

E-mail address cindy@canopetro.com

PHONE: 817-698-0900 ext 153

For State Use Only

APPROVED BY:

TITLE

DISTRICT 1 SUPERVISOR

DATE

SEP 21 2009

Conditions of Approval (if any).

