

Office

Energy, Minerals and Natural Resources

District I

1625 N. French Dr., Hobbs, NM 88201

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

RECEIVED

OIL CONSERVATION DIVISION

SEP 17 2009

HOBBSON

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO

30-005-20596

5 Indicate Type of Lease

STATE ☐FEE ☒

Fed

6 State Oil & Gas Lease No.

7 Lease Name or Unit Agreement Name

Cato San Andres Unit

8 Well Number

187

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 ☒ Gas Well ☐ Other

2 Name of Operator

Cano Petro of New Mexico, Inc.

3. Address of Operator

801 Cherry Street Unit 25 Suite 3200 Fort Worth, TX 76102

4 Well Location

Unit Letter H : 1980 feet from the N line and 660 feet from the E lineSection 5 Township 09S Range 30E NMPM County Chavez

11 Elevation (Show whether DR, RKB, RT, GR, etc.)

4090.20 GR

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 Swab Well ☒

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

Swab on May 23, 2009 Swabbed for 4hrs made 1 bbl of oil and 6 bbls of water.

Swab on May 24, 2009 Swabbed for 4hrs made 2 bbls of oil and 7 bbls of water.

Spud Date:

8/09/77

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

5/30/09

Type or print name

Cindy Chavez

E-mail address

PHONE

817-698-0900

For State Use Only

APPROVED BY

TITLE

DISTRICT 1 SUPERVISOR

DATE

SEP 21 2009

Conditions of Approval (if any)