

District I

1625 N. French Dr., Hobbs, NM 88240

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

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

May 27, 2004

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.)		WELL API NO. 30-025-03523
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator State of New Mexico / formerly Pronghorn Management Corp.		6. State Oil & Gas Lease No. B-158
3. Address of Operator 1625 N. French Drive, Hobbs, NM 88240		7. Lease Name or Unit Agreement Name: New Mexico BZ State NCT 5
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>W</u> line Section <u>29</u> Township <u>21-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>		8. Well No. <u>3</u> 9. OGRID Number 122811
10. Pool name or Wildcat San Simon Yates, North (Assoc.)		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

10/13/09 MIRU

10/14/09 Dug out cellar. NU BOP. TIH w/ tbg. Tagged @ 3674'. POH w/ 1 jt. Spot 20 sx class C cement @ 3644'-2842'. POH to 2500' WOC 4 hrs. Tagged plug @ 3276'. Circulated hole with mud laden fluid. Perf'd csg. @ 1930'. RIH w/ tbg to 1984'. Spot 10 sx class C cement 1984-1578'. SDFN.

10/15/09 Tagged plug @ 1652'. Perf'd csg @ 400'. Sqz'd 110 sx class C cement from surface and circulated up back side to surface. rigged down move off.

10/15/09 Dug out cellar. cut off well head. Weld on Dry Hole Marker. Back fill cellar, Clean location. move off.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed.

RECEIVED

OCT 21 2009

HOBBSOCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE Asst DATE _____

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY [Signature] TITLE **DISTRICT 1 SUPERVISOR** DATE **OCT 21 2009**

Conditions of Approval (if any):