| Submit 3 Copies To Appropriate District Office <u>District I</u> | State of New Mexico Energy, Minerals and Natural Resources | | | Form C-103 May 27, 2004 WELL API NO. | | |
|---|---|------------------------------------|--|---|--|--|
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | | 30-025-03522 | | |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION | | | | 5. Indicate Type of Lease | | |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | STATE FEE | | |
| District IV Santa Fe, INIVI 8/303 | | | | 6. State Oil & | Gas Lease No |). |
| 1220 S. St. Francis Dr , Santa Fe, NM 87505 | | | | B-158 | | |
| 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.) | | | | 7. Lease Name or Unit Agreement Name: New Mexico BZ State NCT 5 | | |
| 1. Type of Well: Oil Well Gas Well Other | | | | 8. Well No. 2 | | |
| Name of Operator | | | | 9. OGRID Number | | |
| State of New Mexico / formerly Pronghorn Management Corp | | | | 122811 | | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat | | |
| 1625 N. French Drive, Hobbs, NM 88240 | | | | San Simon Yates, North (Assoc.) | | |
| 4. Well Location | | | | | | |
| Unit Letter C: 660 feet from the N line and 1980 feet from the W line | | | | | | |
| Section 29 Township 21-S Range 35-E NMPM County Lea | | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | |
| Pit or Below-grade Tank Applic | ation or Closure | | | | And the second of the second o | de examina de la constitución de |
| | | m nearest i | fresh water well | Distance from n | iearest surface v | vater |
| 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 PLUG AND ABANDON CHANGE PLANS COMMENCE DRIPULL OR ALTER CASING MULTIPLE COMPLETION | | | | LLING OPNS. 🔲 |] ALTERING | |
| OTHER: | | | OTHER: | | | |
| 13. Describe proposed or complet starting any proposed work). recompletion. | SEE RULE 1103. For Mult | iple Com | pletions: Attach w | ellbore diagram o | of proposed co | ompletion or |
| 10/08/09 MIRU. POH w/ rods a RIH w/ 20 jts. SDFN. 10/09/09 RIH w/ tbg. to 3717'. P Tagged plug @ 3821'. RIH w/ tb 10/12/09 Tagged plug @ 3339'. | Pumped 1/2 sx LCM. Spotte og to 3717'. Re-spot 10 sx cl Circulated hole w/ mud lai | ed 10 sx lass C ce den fluid | class C cement @ ment. POH to 250 I. Spot !0 sx. class | 3717-3311. Pull (0'. SDFN. C cement @ 333 | out of cement | t WOC 4 hrs. OH w/ tbg. |
| Pressured up on csg. to 600 psi. Bled off. RIH w/ wire line and tagged plug @ 2957'. POH to 1940'. Perf'd csg. @ 1940'. RIH w/ tbg to 2016'. Spot 10 sx class C cement. POH w/ tbg. WOC 4 hrs. Tagged plug @ 2224'. RIH w/ tbg to 2016'. Re-spot 10 sx class C cement. POH w/ tbg. SDFN. | | | | | | |
| 10/13/09 RIH w/ tbg. Tagged plug @ 1417'. POH w/ tbg. Sqz'd 25 sx class C cement and displaced to 1275'. WOC 4 hrs. Tagged plug @ 1257'. Perf'd csg @ 400'. Sqz'd 80 sx class C cement and circulated cement to surface. Rigged down moved off. 10/14/09 Cut off well head and weld on Dry Hole Marker. Back fill cellar, back drag location. Move off. | | | | | | |
| | Approved for plugging of well bore only. Liability under bond is retained pending receipt | | | RECEIVED | | |
| of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under | | | D Web Page under | OCT 27 2009 | | |
| I hereby certify that the information al | Forms, www.em | | | ief. I further certify | that an Oreor | SOCD 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 / | Mu | TITLE | 1800a | | DATE | |
| Type or print name | E-m | nail addre | ess: | Tele | ephone No. | |
| For State Use Only | 111 4.0 | ل ج | ISTRICT 1 8U | PERVISOR | D 4 mm | OCT 2-1 2009 |
| APPROVED BY (My): Conditions of Approval (if any): | 11, 19 | TITLE _ | Form provided by | / Forms On-A-Disk · (| DATE (214) 340-9429 · F | |