

RECEIVED

SEP 29 2009

HOBBSCOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-005-21166

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7 Lease Name or Unit Agreement Name

CATO SAN ANDRES UNIT

8 Well Number 334

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 STR, UNIT 25 SUITE 3200 FT WORTH TX 76102

4. Well Location

Unit Letter J 1338 feet from the south line and 1362 feet from the East line

Section 10 Township 08S Range 30E NMPM County Chaves

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

4088 GL

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 perf, acizide, run tubing, rods and pump ☒

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

8/17/07: perforated San Andres 3362-3400', 3436-3446', 3520-3526'

8/20/07: acidized San Andres w/ 6,000 gal 15% HCl with ball sealers, 6 BPM

8/22/07: acid frac'd well with 333 bbls 15% HCl @ 9.9 BPM. Flushed w/ 19 bbls 2% KCl

8/23/07: Bled well down and then swabbed. Recovered 90 BW and 30 BO

8/25/07: RIH w/ 112 jts 2-3/8" tubing, rods and 1.5" insert pump and hung on

Spud Date.

12/4/2000

Rig Release Date

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 09/21/09

Type or print name Collin Strawn

E-mail address

PHONE: 817-698-0900

For State Use Only

APPROVED BY

[Signature]

TITLE

PETROLEUM ENGINEER

DATE

NOV 13 2009

Conditions of Approval (if any)