

Submit 3 Copies To Appropriate District
Office
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
RECEIVED
OIL CONSERVATION DIVISION
NOV 16 2009
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBS

Form C-103
March 4, 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) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-04208
2. Name of Operator Range Operating New Mexico, Inc.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 100 Throckmorton St, Suite 1200, Fort Worth, TX 76102		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>G</u> : <u>2310</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>2</u> <u>10</u> Township <u>20</u> -S Range <u>36</u> -E NMPM Lea County		7. Lease Name or Unit Agreement Name Etcheverry
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 1
		9. OGRID Number 227588
		10. Pool name or Wildcat Eumant; Yates; 7 Rivers; Queen

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL N Sect 10 Twp 20S Rng 36e Pit type Steel Depth to Groundwater _____ Distance from nearest fresh water well Over 1000'
Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ;
2310 feet from the North line and 1650 feet from the East line

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 COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

1. Notify OCD 24 hrs prior to MI and RU. 10-15-09
2. RIH and set CIBP@2950' & spot 25sx's cmt F/2950'-2706'. 10-16-09
3. Displace hole w/MLF. 10-16-09
4. Spot 25sx's cmt F/2600'-2356'. 10-16-09
5. Spot 25sx's cmt F/1432'-1118' WOC TAG@1200'. 10-17-09
6. Spot 55sx's cmt F/310' to Surf WOC TAG@Surf. 10-17-09
7. Install Dryhole Marker. 10-17-09

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.oilandgas.state.nm.us/oecd.

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 Jimmy Bagley TITLE MANAGER DATE 10-19-09

Type or print name JIMMY BAGLEY E-mail address: _____ Telephone No. 432 561-8600

(This space for State use)

APPROVED BY Cary W. Hill TITLE DISTRICT 1 SUPERVISOR DATE NOV 16 2009
Conditions of approval, if any: _____