

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

WELL API NO. 30-025-33424
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Thistle Unit
8. Well No. 2
9. OGRID Number 3474
10. Pool name or Wildcat Brinnistool; Wolfcamp, West

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
State of New Mexico / formerly CW Trainer

3. Address of Operator
1625 N. French Drive, Hobbs, NM 88240

4. Well Location
Unit Letter **E** : **1980** feet from the **N** line and **660** feet from the **W** line
Section **28** Township **23S** Range **33E** NMPM County **Lea**

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

Pit or Below-grade Tank Application ☐ or Closure ☐

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

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

11/04/09 MIRU. dig out cellar. SDFN. 11/05/09 NU BOP. RIH w/ 7" gauge ring on wire line. Too much gas. Could not get down. RIH w/ 7" CIBP on tbg. w/ 3000' tbg. SDFN. 11/06/09 Unload work string. Finish RIH w/ BP & tbg. to 10332'. SD for repairs. 11/09/09 RIH w/ tbg. to 10 497'. Set 7" CIBP. Loaded hole w/ mud laiden fluid. SDFN. 11/12/09 continued to circulate hole w/ mud laiden fluid. Spot 25 sx class H cement @ 11497 - 11348'. POH to 9135'. Spot 40 sx class H cement @ 9135-8858. POH to 8158'. Spot 35 sx class H cement @ 8158-7949. POH to 5103'. Closed well in SDFN. 11/13/09 Perf'd 7" csg. @ 5051'. Set packer @ 4843'. Sqz'd 35 sx class C cement, displaced 4975'. WOC 4 hrs. Did not Tag. Re-sqz'd 35 sx class C cement. Displaced to 4975' w/ 800 psi. SDFN. 11/16/09 Tagged plug @ 4984'. Released packet. circulate hole w/ mud laiden fluid. PON to 1045'. Perf'd 7" csg. & 9 5/8 csg. @ 1300'. Set packer @ 1045'. Sqz'd 35 sx class C cement @ 300 psi and displaced to 1245'. WOC 4 hrs. Tagged plug @ 1246'. POH to 411'. Perf'd 7" & 9 5/8 csg. @ 655'. Set packer and Sqz'd 30 sx class C cement. Displace to 595'. closed well in SDFN. 11/17/09 Tagged plug @ 573'. POH w/ packer and tbg. Perf'd 7 & 9 5/8 csg. @ 60'. Set packer @ 12' and Sqz'd 60 sx class C cement and circulated to surface. Released & pulled packer and topped of surface. rigged down moved off. 11/20/09 Moved in backhoe and welder. Cut off well head and weld on Dry Hole Marker. clean loc. and moved off.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Lyn D. Brooks TITLE Supervisor DATE _____

Type or print name _____ E-mail address: _____ Telephone No. _____

APPROVED BY Lyn D. Brooks TITLE DISTRICT 1 SUPERVISOR DATE DEC 02 2009

Conditions of Approval (if any):