

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

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

PIA'd. OK TO RELEASE
MRS 12/10/2009

Form C-103
May 27, 2004

WELL API NO. 30-041-10167
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Todd Lwr San Andres Unit
8. Well Number 366
9. OGRID Number 227001
10. Pool name or Wildcat Todd Lwr San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4171'

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"/>	
2. Name of Operator Latigo Petroleum, Inc.	
3. Address of Operator 550 W. Texas, Ste. 700 Midland, TX 79701	
4. Well Location Unit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 36 Township 7S Range 35E NMPM County Roosevelt	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4171'	

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type steel	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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P. AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input 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.

8/4/05 Set 4-1/2" CIBP @ 4091', cap w/ 35' cmt.
8/5/05 Circ hole w/ 70 bbls MLF, test csg. to 500#, OK.
8/5/05 Perforate @ 2250', set pkr. @ 1793', pressure up on perms, could not pump into, spot 25 sx. cmt. @ 2300' - 1922', WOC & tag @ 1929'.
8/8/05 Perforate @ 370', set pkr. @ 157', sqz. 50 sx. cmt., displace to 315', WOC & tag @ 312'.
8/8/05 Spot 10 sx. cmt. @ 100' to surface.
8/8/05 RDMO. Cut off wellhead & anchors, install dry hole marker, and clean location.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

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 Roger Massey TITLE ASSIGNED BY DATE 8/8/05
Type or print name Roger Massey
For State Use Only
APPROVED BY: Gary W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 25 2005
Conditions of Approval (if any):
E-mail address: GARY.W.WINK@NMSD.NM.GOV Telephone No. (432) 530-390