Submit 1 Copy 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
JAN 25 2010
HOBBSOCD

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

Form C-103
October 13, 2009

WELL API NO. 30-025-09725	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. B-229	
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 Arnott Ramsey A
1. Type of Well: Oil Well ☒ Gas Well ☐ Other	8. Well Number 3
2. Name of Operator Herman Loeb LLC.	9. OGRID Number 264953
3. Address of Operator PO Box 838, Lawrenceville, Ill. 62439	10. Pool name or Wildcat Jalmat (Tan-Yates-7 Rivers)
4. Well Location Unit Letter D : 660 feet from the North line and 660 feet from the West line Section 2 Township 25S Range 36E NMPM County Lea	
	11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3,266' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☒	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
OTHER: ☐		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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. This well presently has a CIBP set @ 3,335' w/a casing leak @ approx 500'.

2. We are requesting permission to repair csg leak. MIT csg to 500 psi for 30 minutes and put well on a T&A status while evauluating for a possible recompletion in the Yates Formation.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Michael Polley TITLE Agent for Herman Loeb LLC. DATE 1/20/2010

Type or print name Michael Polley E-mail address: polleyms@gmail.com PHONE: 719-342-5600

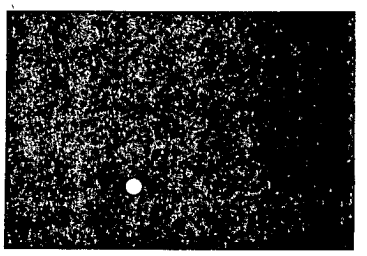
For State Use Only

APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 1/26/2010

Conditions of Approval (if any):

Conditions of Approval: the operator shall give 24 hour notice the the appropriate District office before work begins.

MICHAEL POLLEY OILFIELD CONSULTING, INC.
9223 Lakeview Road • Trinidad, CO 81082
MICHAEL POLLEY
COMPLETION, WORKOVER AND DRILLING SUPERVISION
PHONE: 719-846-3434
MOBILE: 719-342-5600
polleyms@gmail.com



COMPANY: Herman Loeb LLC

WELL NAME: Arnott Ramsey A #3

LEGALS: Sec 2-25S-36E
Unit Letter D
API # 30-025-09725

VOL BETWEEN PIPE & HOLE CAP

	BBL/FT	FT/BBL	CF/LF
4 1/2 - 7 7/8	0406	24 65	2278
5 1/2 - 7 7/8	0309	32 41	1733
8 5/8 - 12 1/4	0735	13 61	4127
9 5/8 - 12 1/4	0558	17 93	3132
13 3/8 - 17 1/2	1924	8 08	6946

TUBING & CASING SIZE & CAP

	WT	BBL/FT	FT/BBL
2 3/8	4 6	0039	258 65
2 7/8	6 5	0058	172 76
3 1/2	9 3	0087	114 99
4 1/2	10 5	0159	62 70
4 1/2	11 6	0155	64 34
5 1/2	15 5	0238	42 01
5 1/2	17 0	0232	43 02
5 1/2	20 0	0222	45 09
5 1/2	23 0	0212	47 20
8 5/8	32 0	0609	16 41
9 5/8	36 0	0773	12 94

D.P. SIZE _____ TUBING SIZE: _____ CASING SIZE: _____

HOLE SIZE: _____ PERFS: _____

PACKER SETTING: _____ BP SETTING: _____ MAX RATE: _____

MAX PSI: _____ BHST: _____ FORM: _____ TAIL PIPE: _____

VOL BETWEEN PIPE & PIPE CAP

	WT	BBL/FT	FT/BBL	CF/LF
2 /38 - 4 1/2	11 6	0101	99 37	0565
2 3/8 - 5 1/2	17 0	0178	56 28	0998
2 7/8 - 5 1/2	17 0	0152	65 71	0854
2 7/8 - 7	23 0	0313	31 91	1760