

RECEIVED

FEB 19 2010
HOBBSD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-26760

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Possh

8. Well Number 1

9. OGRID Number 264953

10. Pool name or Wildcat

Langlie, Mattix SR - DN - GB

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

Herman Loeb LLC.

3. Address of Operator

PO Box 838, Lawrenceville, Ill. 62439

4. Well Location

Unit Letter C : 360 feet from the North line and 1,880 feet from the West line

Section 36 Township 24S Range 36E NMPM County Lea

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

3,273' GR, 3,283' RKB

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐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. TIH & tag ? RBP or CIBP @ 3,400'. Press test csg to 500 psi. If csg leaks TIH w/packer & locate leak. Contact OCD for orders. If csg tests spot 25 sks cmt on top of plug @ 3,400'. TOH to 3,150'. Spot 10 bbl 9.5 ppg salt gel spacer.

2. TOH to 2,750'. Spot 25 sks cmt fr/2,750' across DV tool @ 2,657'. TOH.

SPOT 25 sks cmt at 1290'

3. TIH & tag cmt plug across DV tool. Spot 48 bbl 9.5 ppg salt gel spacer. TOH to 450'. Spot cmt plug inside of 5-1/2" csg until there is good cmt to surface. TOH. Top off inside of 5-1/2" csg.

4. Cut off all csg strings. Top off inside of 5-1/2" csg & 5-1/2" csg annulus as necessary. Cap well & install dry hole marker.

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 2/19/2010

Type or print name Michael Polley

E-mail address: polleyms@gmail.com

PHONE: 719-342-5600

For State Use Only

APPROVED BY:

Mark Whittem

TITLE Compliance Officer

DATE 2-22-2010

Conditions of Approval (if any):

THE OIL CONSERVATION DIVISION MUST
BE NOTIFIED 24 HOURS PRIOR TO THE
BEGINNING OF PLUGGING OPERATIONS

COMPANY: Herman Loeb LLCWELL NAME: Possh #1COMPLETION, WORKOVER
AND
DRILLING SUPERVISIONLEGALS: Unit C, 36/245/36EAPI# 30-025-26760PHONE: 719-846-3434
MOBILE: 719-342-5600
polleym@gmail.com

VOL. BETWEEN PIPE & HOLE CAP

	BBU/FT	FT/BBU	CF/LF
4 1/2 - 7 7/8	0408	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	BBU/FT	FT/BBU
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	BBU/FT	FT/BBU	CF/LF
2 3/8 - 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	1780

