

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

RECEIVED

OIL CONSERVATION DIVISION

FEB 19 2010

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBSUCD

WELL API NO.

30-025-25071

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Arco Lanehart

8. Well Number 1

9. OGRID Number 264953

10. Pool name or Wildcat
Langlie-Mattix; 7 Rurs - Q-Grayburg

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 A : 990' feet from the North line and 330 feet from the East line

Section 21 Township 25S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,080' GR

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 ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: T&A ☒

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.

2/07/2010 Pressure tested csg to 510 psi for 30 minutes. Lost 0 psi in 30 minutes. Recorder calibration date 9/17/2009.

520 → 515

This Approval of Temporary
Abandonment Expires 2-7-2015

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

TITLE Agent for Herman Loeb LLC. DATE 2/07/2010

Type or print name Michael Polley

E-mail address: polleys@gmail.com

PHONE: 719-342-5600

For State Use Only

OC NEED REPRESENTATIVE & STAFF MANAGER

APPROVED BY:

TITLE

DATE 2-23-10

Conditions of Approval (if any):

