

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

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HOBBSD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-09736

✓

5. Indicate Type of Lease

STATE

FEE

☐

Federal

6. State Oil &amp; Gas Lease No.

NMLC032582A,

Prop#23096

7. Lease Name or Unit Agreement Name

EJ WELLS

✓

8. Well Number

002

✓

9. OGRID Number

192143

✓

10. Pool name or Wildcat

Jalmar, Yates, 7-Rives

SWD ✓

## 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 ~~Water Injection Well~~ ✓

2. Name of Operator

HERMAN L LOEB LLC

3. Address of Operator

PO Box 838, Lawrenceville ILL 62430

4. Well Location

Unit Letter G : 2310 feet from the NORTH line and 2310 feet from the EAST line

Section

12

Township

25S

Range

36E

NMPM

County LEA

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

3178' GL

## 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: INJECTION MIT

X

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.

Performed Injection MIT, 6/24/09, 500#s for 30 min, Witnessed by OCD/John Harrison, SEE attached Chart

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 Forman

DATE 6/24/09

Type or print name Cam Robbins

E-mail address: maximum@valornet.co

PHONE: 575-390-4666

For State Use Only

APPROVED BY:

TITLE

STAFF OFFICER

DATE

3-15-10

Conditions of Approval (if any):

