| Office District I | | ite of New Mexico | | | Form C-10 |
|--|------------------------------|---|---------------------|--------------------------------------|--------------------------|
| 1625 M. Franck Dr. 11-11 - NOW AGAIN | Energy, Mir | nerals and Natural I | Resources | THE APPLICA | June 19, 20 |
| 1625 N. French Dr., Hobbs, NM:8824 District II | 10CEINEU | | | WELL API NO. | 225 2225 |
| District II 1301 W. Grand Ave., Artesia, NM 88 | OIL CON | SERVATION DI | VISION | | 025-38875 |
| District III MAR 12 LOTO 1220 South St. Francis Dr. | | | Dr. | 5. Indicate Type of L | |
| 1000 Rio Brazos Rd., Aztec, NM 874 | 10 50 | nta Fe, NM 87505 | | STATE X | FEE |
| 1220 S St Francis Dr Santa Fa NIM | hadanan sa | ma 1 0, 19191 0/JU. | , | 6. State Oil & Gas Le | |
| 1000 Rio Brazos Rd., Aztec, NM 874 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 | ι | | | Prop# | 25191 |
| | NOTICES AND REPOR | RTS ON WELLS | | 7. Lease Name or Un | it Agreement Name |
| (DO NOT USE THIS FORM FOR PE | ROPOSALS TO DRILL OR T | TO DEEPEN OR PLUG B | ACK TO A | JALMAT FIELD YA | TES SAND UNIT |
| DIFFERENT RESERVOIR. USE "A | APPLICATION FOR PERMIT | " (FORM C-101) FOR SU | JCH | | |
| PROPOSALS) 1. Type of Well: Oil Well | ☐ Gas Well v Other | r Water Injection We | 411 | 8. Well Number 2 | 22 |
| 2. Name of Operator | _ Gas Well X Oulei | / water injection we | /11 | 9. OGRID Number | |
| | OSE OPERATING CO | | | 7. OGRID Number | 184860 |
| 3. Address of Operator | OSE OF ERWITING CO | • | | 10. Pool name or Wil | |
| 20333 STATE HIGHW | 'AY 249. Snite 310 HC | OUSTON TX 77077 | | Jalmat, Yates, Tansel | |
| | 711 2-17, Outto 310, 110 | | | Juniui, 1 atcs, 1 alisei | .,, 101100 |
| 4. Well Location | | | • • • • • | a a . a . = | |
| Unit LetterB_ | | om theNORTH | | | EASTline / |
| Section 14 | Township | | 35E | | County LEA |
| | 65.47.45.85.85.77.8 1 | how whether DR, RK | B, RT, GR, etc.) | | , p |
| | | 3587' GL | | | |
| | | | | | |
| 12. Che | eck Appropriate Box | to Indicate Natur | e of Notice. | Report or Other Dat | ta |
| | 11 1 | | • | • | |
| NOTICE OF | F INTENTION TO: | : | SUB | SEQUENT REPO | RT OF: |
| PERFORM REMEDIAL WORK | | | MEDIAL WOR | | TERING CASING [|
| TEMPORARILY ABANDON | ☐ CHANGE PLANS | s 🔲 co | MMENCE DRI | LLING OPNS.□ PA | ND A |
| PULL OR ALTER CASING | ☐ MULTIPLE COM | - | SING/CEMENT | | _ |
| DOWNHOLE COMMINGLE | | | | | |
| | | | | | |
| OTHER: | | | | ECTION MIT | Х |
| 13. Describe proposed or o | completed operations. (| Clearly state all pertin | nent details, and | l give pertinent dates, ir | cluding estimated of |
| | ed work). SEE RULE 1 | | | | |
| | | | | | |
| or recompletion. | | | | | |
| or recompletion. | | | | | |
| or recompletion. | | | | | |
| · | n MIT, 6/5/09, 565#s fo | or 30 min, Witnessed | l by OCD/Johr | ı Harrison, SEE attacl | ned Chart |
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| Performed Injection | n MIT, 6/5/09, 565#s fo | or 30 min, Witnessed Rig Release Date: | l by OCD/John | a Harrison, SEE attacl | hed Chart |
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| Performed Injection | | Rig Release Date: | WFX- | 841 | hed Chart |
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| pud Date: hereby certify that the information in t | ation above is true and co | Rig Release Date: omplete to the best of the dest of | f my knowledge | 24] e and belief. DATE_ t.co PHONE: | _6/5/09 _575-390-4666 |
| · | ation above is true and co | Rig Release Date: omplete to the best of the dest of | WFX-f my knowledge | 24] e and belief. DATE_ t.co PHONE: | _6/5/09 |

