

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

MAY 05 2010

HOBBSUCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

| |
|---|
| WELL API NO. 30-025-37552 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. 301207 |
| 7. Lease Name or Unit Agreement Name Foster |
| 8. Well Number 002 |
| 9. OGRID Number 232611 |
| 10. Pool name or Wildcat Foster San Andres (24890) |

SUNDRIY 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
SUNDOWN ENERGY LP3. Address of Operator
13455 NOEL RD, STE. 2000, DALLAS, TX 75240

4. Well Location
Unit Letter B : 910 feet from the NORTH line and 1650 feet from the EAST line
Section 6 Township 19S Range 39E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc)
3602' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: Surface Restoration ☐

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

Surface restoration complete, location level and cleared. All surface contaminants removed and hauled to land farm. Replaced with good soil. Seeded all disturbed areas & returned to natural state. All equipment removed from location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Belinda Bradley TITLE Admin. Asst. DATE 4/16/10
Type or print name Belinda Bradley E-mail address: bbradley@sundownenergy.com Telephone No. 432-943-8770

For State Use Only

APPROVED BY: [Signature] TITLE STATE MGR DATE 5-6-10
Conditions of Approval (if any): _____