

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

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HOBBSOCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-37681

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil &amp; Gas Lease No.

NM00135

7. Lease Name or Unit Agreement Name  
Southeast Lusk 34 Federal

8. Well Number #6

9. OGRID Number

224400

10. Pool name or Wildcat

SWD Lusk Delaware &lt;96100&gt;

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

Edge Petroleum Operating Company, Inc.

3. Address of Operator

POB 51937 Midland, TX 79710

4. Well Location

Unit Letter A : 990 feet from the North line and 990 feet from the East line

Section 34 Township 19S Range 32E NMPM Lea County

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

3567" 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: Mechanical Integrity Test

☒

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.

Initial MIT for SWD well. Have notified OCD and BLM. Test is scheduled for 7/27/2010.

Spud Date:

Rig Release Date:

SWD - 1117

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Angela Lightner

TITLE Regulatory Consultant

DATE 07/26/2010

Type or print name Angela Lightner

E-mail address: angela@rkford.com

PHONE: 432-682-0440

For State Use Only

APPROVED BY:

TITLE

STAFF MGR

DATE 8-4-10

Conditions of Approval (if any):