Submit 1 Copy To Appropriate District Office
District I
1625 N. French Dr , Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
1220 S. St Francis Dr , Santa Fe, NM 87505

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State of New Mexico
Energy, Minerals and Natural Resources

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OIL CONSERVATION DIVISION
1220 South St. Francis Dr
Santa Fe, NM 87505

Form C-103
October 13, 2009

WELL API NO.	30-025-27886
Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	21798
7. Lease Name or Unit Agreement Name	RICHARDSON FEE, SWD
8. Well Number	#2
9. OGRID Number	210091
10. Pool name or Wildcat	96113 SWD PENN POOL

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 SWD
2. Name of Operator: DKD L.L.C.
3. Address of Operator: Box 682 Tatum N. Mex 88267
4. Well Location
   Unit Letter K : 1980 feet from the FS line and 1980 feet from the FW line
   Section 5 Township 14S Range 36E NMPM Lea County
11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3963

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☑	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
OTHER: ☐		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.

Sept 7 Move in R.U. BOP. Liner
" 8 Run new liner 10,300 (est) to surface
" 9 Cement liner to surface
" 10 Drill out plug + cement
Sept 13th Run P/E tubing MIT test.
Sept 14th State witness test Return to Disposing.

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & 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 Danny Richardson TITLE Pres DATE 8/30/2010

Type or print name DANNY RICHARDSON E-mail address: PHONE: 575-369-5024

For State Use Only

APPROVED BY: TITLE Staff Mgr DATE 8-31-10

Conditions of Approval (if any):

R.M.