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NOV 05 2010

Submit One Copy To Appropriate District	State of New Me	exicolonno.	Form C-103
Office District I	State of New Mexico OBBSOC Energy, Minerals and Natural Resources		March 18, 2009
1625 N. French Dr., Hobbs, NM 88240	33,		WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-21083
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. 890082510
	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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			Black 8. Well Number: WSW #1
PROPOSALS.) 1. Type of Well: Gas Well Other WSW		8. Well Nulliber. WSW #1	
2. Name of Operator	Jas Well Other W3W		9. OGRID Number
Midland Operating, Inc.			148981
3. Address of Operator			10. Pool name or Wildcat
3100 North "A", Suite E-120, Midland, Texas 79705		WSW Santa Rosa	
4. Well Location			
Unit Letter Q: 1200 feet	from the South line and 2320 fee	et from the East line	
		County: Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	NA	, 1010, 111, 011, 010.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
-			
NOTICE OF INT		SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
			-
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB
OTHER:	П	□ Location is real □ Location is	ady for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan			
Kat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
OPERATOR NAME I FASE NAME WELL NUMBER ADIAMMED OLIARED OLIARED AND DEPOSIT OF			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and			
other production equipment.			
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remadiated in compliance with			
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.			
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have			
to be removed.)			
All other environmental concerns	have been addressed as ner OCD	rules	
Pipelines and flow lines have been	abandoned in accordance with 1	9.15.35.10 NMAC	All fluids have been removed from non-
retrieved flow lines and pipelines.			The resides have been removed from hori-
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
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SIGNATURE // / / / / /	Die TITLE	Dungidant	DATE 11.1.10
			DATE11-1-10
TYPE OR PRINT NAME Vic	tor J. Sirgo E-MAIL: v	isirgo@sbcglobal.net	PHONE: 432-638-5551
For State Use Only	1 \ .		
APPROVED BY. Wach	Stitules) Auglia	Africa - DATE 11/19/22
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