

RECEIVED

MAR 21 2011

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-26361

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

O A WOODY

8. Well Number

1

9. OGRID Number

267077

10. Pool name or Wildcat

KNOWLES;DEVONIAN (36290)

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

MAS OPERATING CO.

3. Address of Operator

PO Box 923, KERMIT, TX 79745

4. Well Location

Unit Letter

E

2310

feet from the

North

line and

330

feet from the

West

line

Section

35

Township

16S

Range

38E

NMPM

County

LEA

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

GL: 3694

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 ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

(See attached before and after wellbore schematic) notify Hobbs OCD 575-393-6161 ext 114 24 hrs before setting plugs.

1) Well history:

a) produced from open hole 12408-12428, b) CIBP @ 12300 cap w/35' cmnt, c) 25 sxs plug @ 10190, d) 25 sxs plug @ 6300, e) junk in hole @ 4582'

2) TA procedure (see schematic attached) a) set 25 sxs cmnt plug 4400-4500, set 30 sxs cmnt stub plug 3700-3800' WOC TAG

3) notify OCD Hobbs 575-393-6161 ext 114 24 hrs before pressure testing well.

4) pressure test to at least 500 psi for 30 mins. Submit follow up C-103 describing work done along with chart on pressure test.

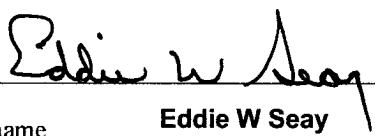
Spud Date:

Condition of Approval : Notify OCD Hobbs

office 24 hours prior to running MIT Test & Chart

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

SIGNATURE



TITLE

Agent

DATE

03/18/2011

Type or print name

Eddie W Seay

E-mail address:

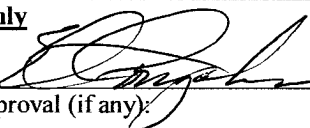
seay04@leaco.net

PHONE:

575-390-2454

For State Use Only

APPROVED BY:



TITLE

STAFF MEMBER

DATE

3-22-2011

Conditions of Approval (if any):

WELLBORE SCHEMATIC AND HISTORY

[illegible]

WELLBORE SCHEMATIC AFTER TA

[illegible]