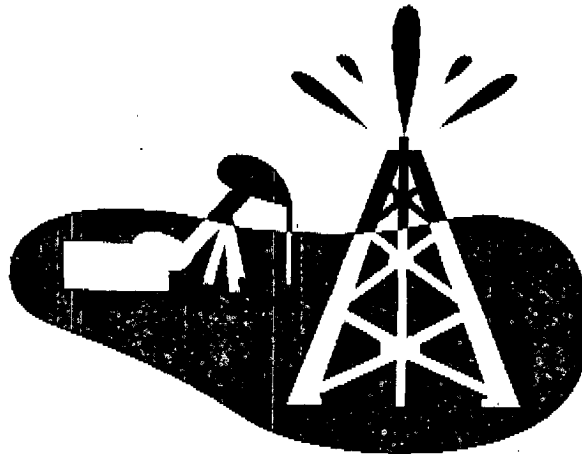


TRANSMISSION VERIFICATION REPORT

TIME : 03/29/2011 15:16  
NAME : OIL CONSERVATION DIS  
FAX : 505-476-3462  
TEL : 505-476-3440  
SER.# : BROH8J847603

DATE, TIME	03/29 15:14
FAX NO./NAME	915753938353
DURATION	00:02:13
PAGE(S)	03
RESULT	OK
MODE	STANDARD



TRANSMITTAL COVER SHEET

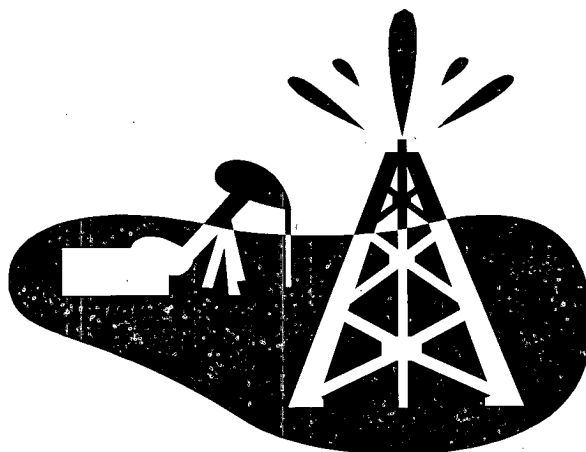
OIL CONSERVATION DIVISION  
1220 S. ST. FRANCIS DRIVE  
SANTA FE, NM 87505  
(505) 476-3460  
(505)476-3462 (Fax)

PLEASE DELIVER THIS FAX:

TO: Don Ammons

FROM: Jim Griswold

DATE: 3/29/11



TRANSMITTAL COVER SHEET

OIL CONSERVATION DIVISION  
1220 S. ST. FRANCIS DRIVE  
SANTA FE, NM 87505  
(505) 476-3460  
(505)476-3462 (Fax)

PLEASE DELIVER THIS FAX:

TO: Jon Ammons

FROM: Jim Griswold

DATE: 3/29/11

PAGES: 3 incl. cover

SUBJECT: Approved C-103 with conditions for  
workover of Salty Dog brine well

IF YOU HAVE TROUBLE RECEIVING THIS FAX, PLEASE CALL THE OFFICE  
NUMBER ABOVE.

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. **30-025-26307**

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Salty dog inc.

8. Well Number Salty dog #1

9. OGRID Number

10. Pool name or Wildcat

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 X **Brine Well**

2. Name of Operator

Salty Dog inc.

3. Address of Operator

Po box 513 Hobbs NM 88240

4. Well Location

Unit Letter j: 1980 feet from the North/South line and 1980 feet from the East/West line

Section 5

Township 19s

Range 36e

NMPM

County Lea

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORKx

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

DOWNHOLE COMMINGLE ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING/CEMENT JOB ☐

ALTERING CASING ☐

P AND A ☐

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.

14. Rig up pulling unit on March, 30<sup>th</sup> 2011, come out of the hole with 2400' of tubing. Attach drilling bit (size 2 3/8), drill to a depth of 2600' put tubing back into hole with 7 extra joints. Rig down.

15. Well Diagram attached.

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 Jon Ammons TITLE Yard  
Manager DATE 1-05-11

Type or print name Jon Ammons E-mail address:  
ammons17@yahoo.com PHONE: 575-390-3414

For State Use Only

APPROVED BY:

TITLE

Senior Hydrologist

DATE

3/29/11

Conditions of Approval (if any):

Operator must perform 4-hour cavern pressure integrity test before placing well back in service, if successful. OCD should be given at least 48 hours notice of test so as we have a reasonable opportunity to witness test. Regardless, chart and calibration must be submitted to OCD. Sundry notice must also be filed after completion of workover activities detailing steps taken.