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HOBBSOCD

Submit One 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

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

Form C-103  
January 20, 2011

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>WELL API NO. 30-025-01722</p>
<p>1. Type of Well: <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other WIW</p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Fed</p>
<p>2. Name of Operator MOMENTUM OPERATING CO., INC.</p>		<p>6. State Oil &amp; Gas Lease No. LC065447</p>
<p>3. Address of Operator P.O. BOX 2439 ALBANY, TX 76430</p>		<p>7. Lease Name or Unit Agreement Name TEAS YATES</p>
<p>4. Well Location Unit Letter <u>J</u> : <u>2310</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>13</u> Township <u>20S</u> Range <u>33E</u> NMPM _____ County <u>LEA</u></p>		<p>8. Well Number <u>32</u> <u>32</u></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number 196069</p>
<p>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</p>		<p>10. Pool name or Wildcat TEAS YATES - SEVEN RIVERS</p>

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/>          TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>          PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p>		<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>          CASING/CEMENT JOB <input type="checkbox"/></p>
<p>OTHER: <input type="checkbox"/></p>		<p><input checked="" type="checkbox"/> Location is ready for OCD inspection after P&amp;A</p>

- ☒ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
- ☒ Rat 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, 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 remediated 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 per OCD rules.
- ☒ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
- ☐ If this is a one-well lease or last remaining well on lease, all electrical service, poles and lines, not to include primary service company equipment, has been removed from lease and well location.
- When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Ted Tidwell TITLE AGENT DATE 3-21-11

TYPE OR PRINT NAME TED TIDWELL E-MAIL: \_\_\_\_\_ PHONE: (325) 762-3331

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 4-4-2011

Conditions of Approval (if any):