

Submit 1 Copy To Appropriate District Office

District I  
1625 N. French Dr., Hobbs, NM 88241  
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

**RECEIVED**

**MAY 12 2011**

**HOBSUCD**

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
October 13, 2009

WELL API NO. 30-025-05203	/
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	/
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Denton North Wolfcamp Unit	/
8. Well Number 8-1	/
9. OGRID Number 19958	/
10. Pool name or Wildcat Denton Wolfcamp	/

**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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Stephens & Johnson Operating Co.
3. Address of Operator P O Box 2249
4. Well Location Unit Letter <u>Q</u> : <u>660'</u> feet from the <u>SOUTH</u> line and <u>2310'</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>14S</u> Range <u>37E</u> NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3809' RKB

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

WELL HAS DEVELOPED A TUBING LEAK. PLAN TO RIG UP WORKOVER RIG AND UNSEAT PKR AND PULL TBG OUT OF WELL AND REPAIR AS NEEDED. WORK TO BEGIN AS SOON AS POSSIBLE. WELL IS DEAD AND WILL NOT FLOW BACK.

*C-144 Not Needed ECG*

Spud Date: ASAP

Rig Release Date:

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

SIGNATURE Bob Gilmore TITLE ENGINEER DATE MAY 1, 2011

Type or print name BOB GILMORE E-mail address: BGILMORE@SJOC.NET PHONE: 940-723-2166

**For State Use Only**

APPROVED BY: [Signature] TITLE STAFF WORK DATE 5-12-2011  
Conditions of Approval (if any)