

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

RECEIVED

JUN 06 2011
 OIL CONSERVATION DIVISION
 4220 South St. Francis Dr.
 Santa Fe, NM 87505
 HOBBSUCD

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.)		WELL API NO. 30-025-11154 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <u>Fed</u>
2. Name of Operator <u>McDonnold Operating Inc.</u>		6. State Oil & Gas Lease No.
3. Address of Operator <u>505 N. Big Spring, Suite 204, Midland Tx 79701</u>		7. Lease Name or Unit Agreement Name <u>Langlie Jack Unit</u>
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>20</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> County <u>Nm</u>		8. Well Number <u>12</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>14372</u>
		10. Pool name or Wildcat <u>Langlie Mattix, vrrs. QW 68</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <u>MIT</u> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Perform MIT. 24 hrs. notice will be given prior to test.

Per Underground Injection Control Program Manual
 11.6 C Packer shall be set within or less than 100
 feet of the uppermost injection perfs or open hole.

The Oil Conservation Division **Must be notified**
24 hours prior to the beginning of plugging operations

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 Cy M. McDonnold TITLE President DATE 6-6-11

Type or print name Craig M. McDonnold E-mail address: _____ PHONE: 432-682-3499
 For State Use Only

APPROVED BY: [Signature] TITLE SAFH MGR DATE 6-7-2011
 Conditions of Approval (if any): _____