| Submit 3 Copies To Appropriate Distri  | ct -                                   | State of 3                         | New Me                    | exico                |                        | Form C-10  |           |  |
|--|--|------------------------------------|---------------------------|----------------------|------------------------|--|-----------|--|
| Office District I  | energy, Minerals and Natural Resources |                                    |                           |                      | Revised March 25, 1999 |  |           |  |
| 1625 N. French Dr., Hobbs, NM 88240  |  |                                    |                           |                      |                        | WELL API NO.<br>30-025-35985   |           |  |
| District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION  |  |                                    |                           |                      |                        |  | $\dashv$  |  |
| District III   | 1220 South St. Francis Dr.             |                                    |                           |                      |                        | pe of Lease FEE  |           |  |
| 1000 Rio Brazos Rd., Aztec, NM 8741  |  |                                    |                           |                      | 6. State Oil           | & Gas Lease No.  | $\dashv$  |  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM   |  | Sunar                              | , 1 1111 0                |                      | 0. State Off           | & Gas Least 140.   |           |  |
| 87505  |  |                                    |                           |                      |                        |  | _         |  |
| 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 |  |                                    |                           |                      |                        | 7. Lease Name or Unit Agreement Name:  |           |  |
| DIFFERENT RESERVOIR. USE "AF<br>  PROPOSALS.)  | PLICATION FOR                          | R PERMIT" (FORI                    | M C-101) FC               | DR SUCH              |                        | _  |           |  |
| 1. Type of Well:   |  |                                    |                           |                      |                        | Burrus   |           |  |
| Oil Well Gas Well  | Other                                  | O/G                                |                           |                      |                        |  |           |  |
| 2. Name of Operator  | <u> </u>                               | _                                  |                           |                      | 8. Well No.            |  |           |  |
| conche Oil & Gas, Corp. Kieks Exploration Inc  |  |                                    |                           |                      |                        | #5   |           |  |
| 3. Address of Operator   |  |                                    |                           |                      |                        | 9. Pool name or Wildcat  |           |  |
| 110 W. Louisiana, Ste 410 Midland, TX 79701  |  |                                    |                           |                      | Trinity Wolfcamp       |  |           |  |
| 4. Well Location   |  |                                    |                           |                      |                        |  |           |  |
| Unit Letter N  | : 330'                                 | _feet from the                     | North                     | line and             | <u>2000'</u> feet fr   | om the <u>East</u> line  |           |  |
| Section 27   |  | Township                           | 12S                       | Range 38             | E NMPM                 | County Lea   |           |  |
| Section 27   | 10 Fle                                 |                                    |                           | R, RKB, RT, GR,      |                        | County Lua   |           |  |
|  | To. Ele                                | 3797' GR                           |                           | ., 1412, 1(1, 01)    | ,,,,,                  |  |           |  |
| 11 Chec  | k Appropris                            |                                    |                           | ature of Notice      | , Report or Otl        | ner Data   |           |  |
| NOTICE OF  |  |                                    |                           | SU                   | SEQUENT (              | REPORT OF:   |           |  |
| PERFORM REMEDIAL WORK  |  | ND ABANDON                         | П                         | REMEDIAL WO          | -                      |  | ]         |  |
| . 2.11 0,1111 121120112 11 01 11   |  |                                    |                           |                      | _                      | _  | _         |  |
| TEMPORARILY ABANDON  | ☐ CHANGI                               | E PLANS                            |                           | COMMENCE D           | RILLING OPNS.          | ] PLUG AND [<br>ABANDONMENT  | ]         |  |
| PULL OR ALTER CASING   | ☐ MULTIPI                              | LE                                 |                           | CASING TEST          | AND [                  | _  |           |  |
| . 322 311,121 21 21 21 21  | COMPLE                                 |                                    |                           | CEMENT JOB           |                        |  |           |  |
| OTHER.   |  |                                    |                           | OTHER: Prod o        | ea & emt               | Γ.   |           |  |
| OTHER:   | 1 . 1                                  | (01 1                              |                           |                      | · ·                    | in alsoding actionated data  | <u> </u>  |  |
| 12. Describe proposed or comp starting any proposed work) recompilation.   | . SEE RULE                             | is. (Clearly sta<br>1103. For Mult | te all perti<br>tiple Com | pletions: Attach     | vellbore diagram       | of proposed completion or  | 01        |  |
| 10/17/02- Drilled 7-7/8" hole to   | 9260' (TD). R                          | U & ran 216 it                     | s of 5-1/2                | ." 17# N80, J55, I   | T&C casing & se        | et @ 9260'. Cmt csg w/450  | sx        |  |
| 50/50 poz "H" + additives. TW  | 410 sx 50/50 °                         | "H" + additives                    | s. ND & s                 | et slips, cut off cs | g. ND BOP & N          | U tbg head & test. Clean   |           |  |
| location and jet pits. Release rig   |  |                                    |                           |                      |                        | Fig. 1. State of the state of |           |  |
|  |  |                                    |                           |                      |                        |  |           |  |
|  |  |                                    |                           |                      | 1 2                    | 100 rac  |           |  |
|  |  |                                    |                           |                      |                        | My " CD  |           |  |
|  |  |                                    |                           |                      |                        | Filiphos   |           |  |
| I hereby certify that the informat   | ion chorre is to                       | us and sommlet                     | a to the he               | oot of my knowled    | ge and helief          | UCD<br>H00   |           |  |
| I hereby certify that the informat   | ion above is m                         | ue and complet                     | e to the ot               | est of my knowled    | ige and benef.         | ·  |           |  |
| SIGNATURE K  | Show                                   | at                                 | TITLE _                   | Regulatory Ana       | ılyst                  | DATE 10/22/0   | <u>)2</u> |  |
|  | im Stewart                             |                                    | Tel                       | ephone No. (91       | 5) 683-7443            |  |           |  |
| (This space for State use)   |  | <b>O</b> M 111.14.                 | GIONE                     | ĕY د                 |                        |  |           |  |
| A PORT OF THE PAR  |  | CLEAY W.                           | WINK                      |                      | . ,                    | OGI 12 8 2002  |           |  |
| APPPROVED BY   |  | OC FIELD                           | REPRESE                   | NTATIVE II/STA       | FF MANAGER             | ABUTE O TOOL   |           |  |
| Conditions of approval, if any:  |  |                                    |                           |                      |                        |  |           |  |