

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Geology, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| | |
|------------------------------|--|
| WELL API NO. | 30-025-34293 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | 17921 |

| | |
|--------------------------------------|----------|
| 7. Lease Name or Unit Agreement Name | State 28 |
|--------------------------------------|----------|

| | |
|-------------------------|-----------------------|
| 8. Well No. | 2 |
| 9. Pool name or Wildcat | West Lovington Strawn |

| | |
|------------------|---|
| 4. Well Location | Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line |
| | Section <u>32 28</u> Township <u>15S</u> Range <u>35E</u> NMPM Lea County |

| | |
|--|---------|
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 3993 GR |
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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
|------------------|---|

| | |
|---------------------|-----------------------|
| 2. Name of Operator | Hanley Petroleum Inc. |
|---------------------|-----------------------|

| | |
|------------------------|---|
| 3. Address of Operator | 415 W. Wall, Suite 1500, Midland, Texas 79701 |
|------------------------|---|

11. 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"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> ✓ | |
| OTHER: _____ <input type="checkbox"/> | | OTHER: _____ <input type="checkbox"/> | |

12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4/21/98 T.D. @ 4700'. Finished 11" hole @ 5:00 a.m. 4/20/98.

4/22/98 Ran 8 5/8" csg as follows: 8 5/8" guide shoe; 1 jt 8 5/8" 32# J-55 csg; 8 5/8" float collar; 65 jts 8 5/8" 32# J-55 csg; 39 jts 8 5/8" 24# J-55 csg; 2 jts 8 5/8" 32# J-55 csg. Pipe set @ 4684'. Ran 5 centralizers. Halliburton cemented w/1300 sx Interfill C & 150 sx Class C w/1% CaCl2. Circ 300 sx to pit. Cut off csg & welded on casinghead. NU BOP's.

4/23/98 Tested all BOP & equipment to 2000 psi. Tested casing to 750 psi.

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

SIGNATURE Greg Wilkes TITLE VP Engineering DATE 4/27/98

TYPE OR PRINT NAME Greg Wilkes TELEPHONE NO. 915-684-8051

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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3/c