Submit 3 Copies To Appropriate District	State of New M		OFD 0 4 2000	Form C-103	
Office District I	Energy, Minerals and Natu	ıral Resources	SEP 2 1 2009	June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	- 00000	
District II 1301 W. Grand Avg. Arteria NM 88310 OIL CONSERVATION DIVISION			30-015-02203		
1301 W Grand Ave, Artesia, NM 88210 District III 1220 South St. Francis Dr.			5. Indicate Type		
1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505		STATE [x FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Ga 648	as Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				n I Init A anamont Name	
(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.)			State 648 AC81	r Unit Agreement Name:	
1. Type of Well: Oil Well ☐ Other			8. Well Number	8. Well Number 71	
2. Name of Operator			9. OGRID Number		
Stephens & Johnson Operating Co			019958		
3. Address of Operator			10. Pool name or Wildcat		
P O Box 2249, Wichita Falls, TX 76307			Artesia QN-GB-SA		
4. Well Location					
Unit Letter G :	1907 feet from the No	rth line and		om the East line	
Section 10	Township 19S	Range 28E	NMPM	County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3514 GR					
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other	Data	
NOTICE OF INTENTION TO: SUBS			BSEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS	P AND A	
	<u> </u>			. /	
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT	JOB 🗀		
DOWNHOLE COMMINGLE	•				
OTHER:		OTHER: Return t	o active status	X	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
September 11, 2009: Pulled rods, pump and tubing. Repaired pump, tested tubing. Ran tubing, pump and					
rods back in well and return well to active status.					
Spud Date:	Rig Rele	ase Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE WILL W	1. Kucaic TIT	LE Petrole	<u>um</u> Engineer	_DATE9-16-2009	
Type or print name <u>William M. Kincaid</u> E-mail address: PHONE <u>940-723-2166</u>					
For State Use Only					
APPROVED BY	TI	rle (700)	anisı	DATE 4/23/09	
Conditions of Approval (if any):	11	LUL CROV	7	70:010	