Office Office	State of New Mex			Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natura	al Resources		Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-015-02819 C	15819
811 S First St , Artesia, NM 88210	OIL CONSERVATION I	DIVISION	5. Indicate Type of L	ease
District III - (505) 334-6178	1220 South St. Francis Dr.		STATE	FEE
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 875	505	6. State Oil & Gas L	
1220 S St Francis Dr, Santa Fe, NM			SWD-1186	
87505	CEC AND DEPORTS ON WELLS		7 Lassa Nama an Un	ait A annument Name
	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUC	G BACK TO A	7. Lease Name or Ur Big Eddy SWD	iii Agreement Name
	CATION FOR PERMIT" (FORM C-101) FOR		Dig Eddy 5 WD	
PROPOSALS)	Co. W. H. V. Odko		8. Well Number 001	
Type of Well: Oil Well Name of Operator	Gas Well X Other		9. OGRID Number	
Mesquite SWD, Inc.			161968	
3. Address of Operator			10. Pool name or Wi	ldcat
P.O. Box 1479 Carlsbad, NM 88	221		SWD;Devonian	
4. Well Location				
	60' feet from the S	line and 6	60 feet from the	E line
Section 3	Township 20S Ran	-		County Eddy
To be a section of	11. Elevation (Show whether DR, I			Julity Eddy
。	3498 GL	(<i>KD</i> , <i>K1</i> , OK, etc.,	, ,	
			Total Contract Contra	
12 Check A	Appropriate Box to Indicate Na	ture of Notice	Report or Other Da	ıta
12. Check Appropriate Box to indicate Nature of Notice; Report of Other Bata				
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				TERING CASING 🔲
TEMPORARILY ABANDON			AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	TJOB 🗌	
DOWNHOLE COMMINGLE		ý		
OTHER [.]	_	OTHER: MIT	<u>-</u>	П
				ncluding estimated date
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.				
On the verbal approval of OCD Mr. Richard Inge, the MIT was performed Aug 8, 2012. The chart is attached.				
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			AUG 09 2012	
		1	AUG U ZOIL	
		1	NMOCD ARTES	SIA
		1	MINIOOD /IIII)
				1
Spud Date:	Rig Release Date	e:		
•]
I hereby certify that the information	above is true and complete to the bes	t of my knowledg	e and belief.	
11	·	,	f	
1//////////////////////////////////////	11.00			
SIGNATURE / / ///	TITLE P	resident	DATE_	8/8/2012
Type or print name Class Will	gon E mail ald	-1d2	BLIONE	575 706 1040
Type or print name Clay Wilson E-mail address: claylwilson@pccnm.com PHONE: 575-706-1840 For State Use Only				
APPROVED BY: To HALD	NGE TITLE COM	APLIAME	OFFICER DATE	8/16/12
Conditions of Approval (if any):		11	Ser Cours	- 41.0/10

