Submit 3 Copies To Appropriate District	State of N	ow Movico			Form C-103
fice Energy Minerals and Natural Passeuroes			COUTCES		May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240 District II	ench Dr., Hobbs, NM 88240			WELL API NO. 30-015-34427	
1301 W. Grand Ave., Artesia, NM 88210				5. Indicate Type	of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE STATE STATE	
District IV	Santa Fe, NM 87505			6. State Oil & G	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM					
SUNDRY NOTIC	CES AND REPORTS ON	WELLS		7 Lease Name o	r Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Ecuse rame c	Tome rigidential rame
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				Hot Box	State
			8. Well Number 1		
2. Name of Operator	Gas Well 🛛 Other	RECE	<u>NE⊅</u>	9. OGRID Numl	per
Bold Ene	rav LP	WAD 0	0.000		233545
3. Address of Operator		MAR 0 2 2006		10. Pool name or Wildcat	
415 W. Wall, Suite 500, Midland, Texas 79701		CCC-WALEGIV		Wildcat	
4. Well Location					
Unit Letter C: 660 feet from	n the N line and 1880 feet	from the W lin	ne		
Section 6	Township 19S	Range	23E	NMPM Ed	ldy County
	11. Elevation (Show when 4.058') : 41 · 1	
Pit or Below-grade Tank Application or					
Pit typeDepth to Groundway	terDistance from neare	est fresh water wel	l Dist	ance from nearest sur	face water
Pit Liner Thickness: mil	Below-Grade Tank: Volu	me	bbls; Co	onstruction Material	
12. Check A	ppropriate Box to Indi	icate Nature	of Notice,	Report or Other	Data
NOTIOE OF IN	FENTION TO	1	01.10		PORT OF
NOTICE OF INT				SEQUENT RE	·
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING CASING
TEMPORARILY ABANDON D	CHANGE PLANS				
PULL OR ALTER CASING	MOLTIPLE COMPL	LI CASI	NG/CEIVIEN	1 100	
OTHER:			ER:		
13. Notice of intent to change th	e name of well from Hot E	Box State No. 1	to Mara Sta	te No. 1	
,					
HEW PROPERTY	CODE 3547	7			
	·				
					1
I hereby certify that the information a grade tank has been/will be constructed or c	bove is true and complete losed according to NMOCD gu	to the best of muidelines □, a general	ny knowledg eral permit 🗍	e and belief. I furtl or an (attached) alter	ner certify that any pit or below
SIGNATURE foul Conti			iden t		DATE Z-28-06
Type or print name E-mail address:			Т	elephone No.	
For State Use Only				•	MAR 0 1 20
APPROVED BY:	L. STOCI	TLE			DATE
Conditions of Approval (if any):		en to s	!		