Submit 3 Copies To Appropriate District Office	State of New M Energy, Minerals and Natu				Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Lifeigy, minicials and Matt	iai Resources	WELL API	NO.	May 27, 2004
District II	OIL CONSERVATION DIVISION		30-015-34485		
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	37505	STAT	E FEE	<u> </u>
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil	& Gas Lease No.	
(DO NOT USE THIS FORM FOR PROPO	ES AND REPORTS ON WE SALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	7. Lease Na	me or Unit Agree	ment Name:
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT" (FORM C-10	01) FOR SUCH	Yellow B 7		
1. Type of Well:			8. Well Num	ıber	
Oil Well Gas Well	Other	rED.		2н	
2. Name of Operator	RECEIV		9. OGRID N		
3. Address of Operator	MAY 2 6	2006	10 Pool par	7377 ne or Wildcat	
P.O. Box 2267 Midland, Tex	as 79702 シレレッドバブ	reeiA		ne or whicear   Creek; WC, W	est (Gas)
4. Well Location					
Unit Letter	760 feet from the So	uth line and	<b>660</b> fe	et from the	East line
Section 7	Township 16S		NMPM	County	Eddy
	11. Elevation (Show whether		tc.)		
Pit or Below-grade Tank Application		330 GR			Statement <del>Land</del> Mark Holl
Pit type Depth to Groundwater _		h water well Di	stance from neare	st surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Volume				i
PERFORM REMEDIAL WORK   TEMPORARILY ABANDON	PLUG AND ABANDON   CHANGE PLANS	REMEDIAL WORK COMMENCE DRILL	ING OPNS. [	PLUG A	NG CASING   ND  ONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		OTHER: comple	tion		X
13. Describe proposed or completed of starting any proposed work). or recompletion.					
5/03/06 Frac w/ 19220 lbs Flow back to clea		lbs 20/40 white	sand; 6451 bl	ols water.	
5/07/06 Turned to sales.	<del>-</del>				
5/14/06 Drill out frac pl	ugs and clean out.				
5/15/06 RIH w/ 2 3/8" pro	duction tubing set @ 4338	٠.			
Swab well. 5/16/06 Returned to sales	•				
hereby certify that the information abgrade tank has been/will be constructed or clean	ove is true and complete to the osed according to NMOCD guideline	best of my knowledges , a general permit	e and belief. If	urther certify that a d) alternative OCD	ny pit or below- -approved plan
SIGNATURE Stan Way			ry Analyst	DATE	5/17/06
		nail address:		DAID	
Type or print name Stan Wagner				Telephone No. 4	132 686 3689
For State Use Only	OR RECORDS ONLY				MAY 2 6 200
APPROVED BY	Triv	יו ב		DATE	~ ~ CUU

Conditions of Approval, if any: