03/08/2007 08:52 FAX 817416	31949				
Submit 3 Copies To Appropriate District	State of Ne	w Mexico			Form C-103
Office District !	Energy, Minerals and		irres		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	Chorgy, Minorals and	Tidling Rosol	1003	WELL API NO.	17207 477 2001
District II	OIL COMBEDIA	TION MUZICI	ONT	30-015-00658	
1301 W. Grand Ave., Artesi M 88.	OIL CONSERVA		- 1	5. Indicate Type	of Lease
1000 Rio Brazos Rd., Aztec, Nivi	1220 South St	I. Francis D IM 87503 MAR	and .	STATE	
District IV	Santa Fe, N	1M 87505 A	S A S	5. State Oil & Ga	s Lease No.
1220 S. St. Francis Dr., Sant		(FILE MAIL)		!	
87505	CES AND REPORTS ON W		- /	7 Legga Nama o	r Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO				South Red Lake U	Init II
DIFFERENT RESERVOIR. USE "APPLE	CATION FOR PERMIT" (FORM C	-101) FOR SUCH	}	COURT VEG TEKE (State 11
PROPOSALS.)				8. Weil Number	#13
1. Type of Well: Oil Well	Gas Well Other				
2. Name of Operator	,			9. OGRID Numb) ệ Г
Fairway Resources Operating, LLC 3. Address of Operator				241598 10. Pool name or	Wildoot
538 Silicon Drive, Suite 101, Southlake, TX 76092				Redlake, Qn, GB,	
	11akc, 12 70092			Rediant, QII, OB,	
4. Well Location					
Unit Letter E: 2,310 feet	from the North line and 990	feet from the W	est line		
Section 36		7S Range		NMPM	Eddy County
	11. Elevation (Show wheth	er DR, RKB, RT,	GR, etc.)		
Pit or Below-grade Tank Application	 _				
Pit typeDepth to Groundw	aterDistance from nearest	fresh water well	Distan	ice from acarest surf	ace Water
Pit Liner Thickness: mil	Below-Grade Tank: Volume	<u></u>	bbbs: Con	truction Materiel	
12. Check A	Appropriate Box to Indic	ate Nature of	Notice. R	eport or Other	Data
		1		•	
NOTICE OF IN	ITENTION TO:	ļ	SUBS	EQUENT RE	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON] REMEDI	AL WORK		ALTERING CASING
TEMPORARILY ABANDON 🛛	CHANGE PLANS		NCE DRIL	LING OPNS.□	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING	/CEMENT	JOB 🗆	
AT LES					_
OTHER: 13. Describe proposed or comp	lated anapations. (Classic as	OTHER:			معران من المعران من الم
	ork). SEE RULE 1103. For I				
or recompletion.	AK). SEE KULE 1103. FOI	within Comple	CIQUS. ALG	CII METIDOLE GIRET	and of brobosed combienous
or recompletion.					
Csg size 4 1/2" set @ 1,385' with ce	ment, circulate to surface.				
MIRU. TOH with pmp and rods.					
TIH with CIBP and set @ 1,300'					
Circulate packer fluid.		-4.0 (1	20 k =		inon
Pressure test csg to 500# for 30 min	utes.	IA Statu	IS WIII DE	approved only t	abou
POH with tbg.		receipt o	of Final C	103 and a with OCD 24 hours p	esseu vrior to
Well is TA.		MIIIes	t. NOUV C	JOD 24 Hours p	וווווווווווווווווווווווווווווווווווווו
		testing.			
Thousands shooks is 6-		testing.		· .	
I hereby certify that the information	above is true and complete to	testing.	nowledge	and belief. I furth	er certify that any pit or below-
I hereby certify that the information grade tank has been will be constructed or	above is true and complete to closed according to NMOCD guid	testing.	nowledge	and belief. I furth	er certify that any pit or below- untive OCD-approved plan
I hereby certify that the information grade tank has been will be constructed or SIGNATURE	closed according to NMOCD guid	testing.	nowledge	and belief. I furth	er certify that any pit or below- untive OCD-approved plan
grade tank has been will be constructed or SIGNATURE	closed according to NMOCD guid	testing. the best of my lelines \(\preceq a \) general	nowledge	and belief. I furth	er certify that any pit or below-
SIGNATURE Type or print name Civity Floor	closed according to NMOCD guid	testing. the best of my lelines \(\preceq a \) general	knowledge permit □ o ger	and belief. I furth	er certify that any pit or below- utive OCD-approved plan [].
grade tank has been will be constructed or SIGNATURE	closed according to NMOCD guid	testing. the best of my letines a general LE Office Mana	nowledge permit of	and belief. I further an (attached) altern DATE Telephone No. 8	er certify that any pit or below- intive OCD-approved plan []. 3/8/2007 17-416-1946
SIGNATURE Type or print name For State Use Only	closed according to NMOCD guided TIT od E-mail address: of local control of the	testing. the best of my letines []. a general LE Office Mana	nowledge permit of	and belief. I further an (attached) altern DATE Telephone No. 8	er certify that any pit or below- native OCD-approved plan
SIGNATURE Type or print name For State Use Only APPROVED BY:	closed according to NMOCD guid	testing. the best of my lelines \(\Pi_1 \) a general LE Office Mana d@fairwayresou	nowledge permit o	and belief. I further an (attached) altern DATE Telephone No. 8	er certify that any pit or below- intive OCD-approved plan []. 3/8/2007 17-416-1946
SIGNATURE Type or print name Circly Floor For State Use Only	closed according to NMOCD guid Tit d E-mail address: of loc	testing. the best of my lelines []. a general LE Office Mana d@fairwayresou LE Deput	cnowledge permit of ger ger ger Gerry Gui	and belief. I further an (attached) altern DATE Telephone No. 8	er certify that any pit or below- native OCD-approved plan
SIGNATURE Type or print name For State Use Only APPROVED BY:	closed according to NMOCD guid Tit d E-mail address: of loc	testing. the best of my lelines \(\Pi_1 \) a general LE Office Mana d@fairwayresou	cnowledge permit of ger ger ger Gerry Gui	and belief. I further an (attached) altern DATE Telephone No. 8	er certify that any pit or below- native OCD-approved plan