Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	May 27, 2004
1625 N French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NVI88210 OIL CONSERVATION DIVISION	30-015-26169 5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd , Aztec, NM 8740	STATE X FEE
District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Į .
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	Agave "IK" State
1. Type of Well: Oil Well X Gas Well Other Currently TA'd	8. Well Number 1
2. Name of Operator	9. OGRID Number
St. Mary Land & Exploration Company 3. Address of Operator	154903 10. Pool name or Wildcat
580 Westlake Park Blvd., Suite 600 AUG 17 2007	10. Pool name of which
Houston, TX 77079 OCD-ARTESIA	
4. Well Location	
Unit Letter C:330feet from theNorth line and2310 feet from theWest line	
Section 2 Township 20S Range 29E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3327' GR	
Pit or Below-grade Tank Application □ or Closure □	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
· · · · · · · · · · · · · · · · · · ·	ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	IT JOB
	new TA 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.	
of recompletion.	
NATE OF STATE OF STATE OF THE TAIL OF THE STATE OF THE ST	
We request a renewal/extension on the TA status of this well. It has poten	
perimeter injection well for the Parkway Delaware Unit. An MIT test was performed to 500 psi for 30 minutes on 7/27/07 and the pressure chart is attached.	
1/21/01 and the pressure chart is attached.	1
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FINAL T/A EXTENSION	
Date of Last Production Well must be returned to	
Well must be returned to P/A plan submitted prior	beneficial use or a
P/A plan submitted prior to $2-20-08$	
	
I hereby certify that the information above is true and complete to the best of my knowledge	re and heliaf I further contifu that any ait or helow
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .	
SIGNATURE Marcie St. German TITLE Production Tech	DATE8/14/07
Type or print name: Marcie St. Germain E-mail address: mstgermain@stmaryland.com Telephone No.: 281-677-2772	
For State Use Only Gerry Gu	AUG 2 0 2007
APPROVED BY: Deputy Field In	
Conditions of Approval (if any): District II - A	·

