		Form C-103
0.	ate of New Mexico	June 19, 2008
Submit 3 Copies To Appropriate District  Copies To Appropriate District	inerals and Natural Resources	WELL API NO.
Office Energy, ***	· · · · · · · · · · · · · · · · · · ·	3001532924
1625 N. French Dr., Hobbs, NM 68240	NSERVATION DIVISION	5 Indicate Type of Lease
1301 W Grand Ave , Artesia, NW 60210 EATER- 1220	South St. Francis Dr.	STATE FEE  6. State Oil & Gas Lease No.
District III 1000 Rio Brazos Rd., Aztec, NM 87410 2-8-69 S	lanta Fe, NM 87505	State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM		State 7
07505	ORTS ON WELLS	7. Lease Name or Unit Agreement Name
SUNDRY NOTICES AND REPORT OF THE STORY OF TH	R TO DEEPEN OR PLUG BACK TO A	Eddy IK
DIFFERENT KESEKAOIK OOD 1111-1-1		8. Well Number
1. Type of Well: Oil Well  Gas well 1	Other	9. OGRID Number
2 Name of Operator		LETTE VENTER - SOUTH D
3. Address of Operator		10. Pool name or Wildcat
3510 Nth A st. Bldy B Str 100 - Midle	(Tex. 79705	EAST Burton - yates
1 4. WER LOCATION		
	from the FNL line and 3	
Section 2 Tow	vnship 205 Range P31E (Show whether DR, RKB, RT, GR, etc.	
I (. Dievation	(Show whether 150), reed, res, ore	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
· · /		
NOTICE OF INTENTION T PERFORM REMEDIAL WORK PLUG AND A		
TEMPORARILY ABANDON CHANGE PL		RILLING OPNS. P AND A
PULL OR ALTER CASING	OMPL   CASING/CEMEN	NT JOB 🗀
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	, m
13. Describe proposed or completed operations		nd give pertinent dates, including estimated date
~ ** /	E 1103. For Multiple Completions: A	Attach wellbore diagram of proposed completion
or recompletion.		
RIH WITEL - TAGGED @ 1354 - mixed 40 3xs 4 5x + plug from 1354 - 6/20/09		
The distribution of the state o		
Tagged the west Day 6/23/09@ 822'- Cir hole saltwite gel from 802 to surface		
mixed 35 sxs + pumped plug from 417 to surface - ent wen head t		
installed Dry Hole Marker - 6/03/09		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	- 2123107	
Spud Date:	Rig Release Date:	
	L	
I hereby certify that the information above is true an	d complete to the best of my knowled;	ge and belief.
11/	1 1	, /
SIGNATURE	TITLE Corcetion Marie	DATE 6/24/09
1+M		7
Type or print name	E-mail address:	PHONE: 575/405   1334
11/1/		,
APPROVED BY:	TITLE Approved for plugging of	DATE 7/2/09
Conditions of Approval (if any):	Liabil.tv under bond is re	stained pending receipt
•	of Colos (Subsequent Re	Port of Well Physoing)
	which may be found at O Forms, www.cmnrd.state.	Dm.us/ocd.