Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO.
1301 W. Grand Ave., Artesia, NM 8820 C E PURE ON SERVATION DIVISION	. 30-015-23247  5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE STEE
1000 Rio Brazos Rd., Aztec, NM 87410DEC 22 2009 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 NMOCD ARTESIA	
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	State B-1969, Tr. 3
PROPOSALS.) 1. Type of Well: Oil Well  Gas Well  Other	8. Well Number #21
2. Name of Operator	9. OGRID Number
CFM OIL COMPANY	3322
3. Address of Operator	10. Pool name or Wildcat
PO BOX 1176, ARTESIA, NM 88210	EMPIRE YATES SEVEN RIVERS EAST
4. Well Location	
Unit Letter K: 1650 feet from the S line and	
Section 22 Township 17S Range 28E	NMPM County
11. Elevation (Show whether DR, RKB, R1, GR, e	(C.)
	•
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WO	
<del></del>	ORILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEME	<del></del>
DOWNHOLE COMMINGLE	
OTHER: OTHER:	П
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
CLEAN OUT TO 700?	Notifica
CLEAN OUT TO 798' BAIL DRY	To VCD 24
FILL TO SURFACE WITH CEMENT SLURRY	10 any way his. Drine
	, work done
	Notify OCD 24 hrs. prior to any work done.
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Thereby certify that the information delive is the end complete to the best of my knowledge that bestor.	
SIGNATURE OWNER TITLE OWNER	DATE 12/15/09
Type or print name LOUIS FULTON E-mail address: lesliewpatterson@msn.com PHONE: 575-746-3099	
For State Use Only	
APPROVED BY: TITLE TITLE	DATE 12/28/05
Conditions of Approval (if any):	, ,

Approval Granted providing work is complete by 3/23/00