

Submit 3 Copies
Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
Box 1980, Hobbs NM 88241-1980
DISTRICT II
Drawer DD, Artesia, NM 88210
DISTRICT III
0 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-30247
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LIGHTFOOT STATE "20"
8. Well No. 1
9. Pool name or Wildcat WILDCAT - OIL
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3484 - KB 3468 GL

RECEIVED
MAR 15 2010
NMOCD ARTESIA

SUNDRY NOTICES AND REPORTS ON WELLS
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 PROPOSALS.)

Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
Name of Operator Mathon Oil Company
Address of Operator Box 552, Midland, TX 79702

Well Location Unit Letter M : 810 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 20 Township 19-S Range 28-E NMPM EDDY County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
FORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

PROPOSE TO ABANDON STRAWN AND RECOMPLETE IN THE WOLFCAMP AS PER THE ATTACHED PROCEDURE

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

NATURE Walter J. Quean TITLE DRILLING SUPERINTENDENT DATE 3/15/00

NAME OR PRINT NAME R. J. LONGMIRE TELEPHONE NO 800-351-1417

(This space for State Use)
APPROVED BY [Signature] TITLE District Supervisor DATE 3-21-00

CONDITIONS OF APPROVAL, IF ANY: