Submit 1 Copy To Appropriate District		State of New Mexico		Form C-103	
Office District I	Energy, Minerals and Natu	iral Resources	WELL API NO	October 13, 2009	
1625 N. French Dr., Hobbs, NM 88240 District II				30-015-10110	
District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE X FEE		
1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.		
87505			648		
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.)			7. Lease Name East Millmar	or Unit Agreement Name: Unit	
1. Type of Well: Oil Well Gas Well Other Water Injection			8. Well Number 189		
2. Name of Operator			9. OGRID Number		
Stephens & Johnson Operating Co.			019958		
3. Address of Operator P.O. Box 2249, Wichita Falls, TX 76307-2249			10. Pool name or Wildcat Millman Yates-SR-QN-GB-SA, East		
4. Well Location					
Unit Letter M :	330 feet from the Sou	uth line and	990 feet	from the West line	
Section 11	Township 19S	Range 28E	NMPM	County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3451' KB; 3450' GR					
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					
TEMPORARILY ABANDON				P AND A	
PULL OR ALTER CASING X	MULTIPLE COMPL	CASING/CEMENT J			
DOWNHOLE COMMINGLE					
OTHER:		OTHER:			
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.					
This well has a shallow casing leak. We plan to locate the shallow casing leak, back off the 4 1/2"					
casing below the leak and run back in the hole with new 4 1/2" casing and screw back into the casing in the hole. Work to begin as soon as possible.					
RECEIVED					
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0.10.	n: n 1				
Spud Date:	Rig Relea	ase Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE WULL M.	t means TIT		m Engineer	DATE11-4-2010	
Type or print name William M. Ki	ncaid E-m	mkincaid@sj nailaddress:	joc.net	PHONE <u>(940) 723-216</u> 6	
For State Use Only					
APPROVED BY (Custave) Conditions of Approval (if any):	NUE TIT	TLE COMPLIANCE	S OALA	DATE U/10/10	