Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
District 1	Energy, Minerals and Natural Resources		October 13, 2009	
1625 N. French Dr., Hobbs. NM 88240 District II			WELL API NO 30-039-23473	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		Indicate Type of Lease	
District III 1000 Rio Brazos Rd, Aztec NM 87410	1220 South St. Francis Dr		SIAIE FEE	
District IV 1220 S St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		State Oil & Gas Lease No	
87505				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFPEN OR PLUG BACK TO A DIFFLRENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)			Lease Name or Unit Agreement Name Hawk Federal	
1 Type of Well Oil Well Gas Well 🛛 Other		8	Well Number #3	
2 Name of Operator		9	OGRID Number	
NM&O Operating Company			15938	
3 Address of Operator 15 E. 5 th Street, Suite 3000, Tulsa, OK 74011		1	O Pool name or Wildcat Gavilan Mancos	
4 Well Location			Gavitali Mancos	
Section 35	Township 25N		MPM County Rio Arriba	
11 Elevation (Show whether DR, RKB, RT, GR, etc.)				
			FEMALES TO THE PROPERTY OF THE PARTY OF THE	
12 Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
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			SSEQUENT REPORT OF	
TEMPORARILY ABANDON			☐ ALTERING CASING ☐ ING OPNS ☐ PAND A ☐	
PULL OR ALTER CASING	<u> </u>		— — — — — — — — — — — — — — — — — — —	
DOWNHOLE COMMINGLE	0222 002	O TO TO TO COLLECT O		
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OTHER Return well to producing status				
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.				
NM&O Operating Company plans to conduct remedial work and return this well to production Work is expected to commence around August 15, 2010 MUST have APPROVED PROCEDIRE BELOKE WORK BOSINS				
MUST 1402 111				
Spud Date	Rıg Release Da	te	Ì	
<u> </u>				
I hereby certify that the information above is true and complete to the best of my knowledge and belief				
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SIGNATURE	PITI P. D.	and ant	DATE Angust 5 2010	
SIGNATURE	TITLE Pro	esi <u>dent</u>	DATE <u>August 5, 2010</u>	
Type or print name For State Use Only	Sweet E-mail add	ress larry xanadu@s	sbegiobal net PHONE 918-584-3802	
APPROVED BY	TITLESOFERV	HOUR DISTRICT #	date AUG 0 9 2010	