Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		3004521258
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE X
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. NMNM 75822
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	TO DRILL OR TO DEEPEN OR PLUG BACK TO A N FOR PERMIT" (FORM C-101) FOR SUCH	LEE
1. Type of Well: Oil Well Gas V	Well 🛛 X Other	8. Well Number #1
2. Name of Operator San Juan Resources		9. OGRID Number 020208
3. Address of Operator		10. Pool name or Wildcat
1499 Blake St., Suite 10C, Denver, Co	O 80202	Basin Dakota
4. Well Location		
	785 feet from the North line and 119	90 feet from the <u>East</u> line
Section 30	Township 30N Range 11V	W NMPM County San Juan
	Elevation (Show whether DR, RKB, RT, GR,	etc.)
San and Control of the Control of th	5701' GR	
12. Check Appro	opriate Box to Indicate Nature of Notice	ce, Report or Other Data
NOTICE OF INTEN	ITION TO:	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		
-		DRILLING OPNS.☐ P AND A ☐
- -	LTIPLE COMPL	ENT JOB
DOWNHOLE COMMINGLE	·	
OTHER: Return Well to Production	⊠X OTHER:	П
	SEE RULE 19.15.7.14 NMAC. For Multiple	and give pertinent dates, including estimated date Completions: Attach wellbore diagram of
San Juan Resources swabbed the produced for the day and the well	Dakota back in to production on April 13, 20 was returned to production.	11. 28 bbls of fluid and 64 mcf of gas were
•		02425
		RECEIVED APR 2011
·		
		/2 RECEIVED &
		APR 2011
		OIL CONS DO
		View Old Dist. 3
Smud Data	Dia Release Deter	
Spud Date:	Rig Release Date:	ELSILIOI ES FABRICA
I hereby certify that the information above	is true and complete to the best of my knowled	edge and belief.
	,	
SIGNATURE Veu D. Ave	d. acus	
SIGNATURE Vein Octor	TITLE Agent/foreman	DATE04/15/11
Type or print name Vern O. Andrews	E-mail address:	
For State Use Only	S man address.	1110110505-521-4072
		·
APPROVED BY 1000 Ded For	KOWIG TITLE	DATE
Conditions of Approval (if any):	:A_/	
	A Company	