

District I

1625 N. French Dr., Hobbs, NM 88240  
Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210  
Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico

Energy, Minerals and Natural Resources

Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Permit33726

WELL API NUMBER 30-043-21013
5. Indicate Type of Lease S
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name AMACKER
8. Well Number 001
9. OGRID Number 239882
10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

2. Name of Operator  
FRONTIER DRILLING, LLC

3. Address of Operator  
1101 W BROADWAY, BLOOMFIELD, NM 87413

4. Well Location  
Unit Letter L : 1915 feet from the S line and 545 feet from the W line  
Section 22 Township 23N Range 01W NMPM Sandoval County

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
7467 GR

Pit or Below-grade Tank Application  or Closure   
Pit Type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK  PLUG AND ABANDON
- TEMPORARILY ABANDON  CHANGE OF PLANS
- PULL OR ALTER CASING  MULTIPLE COMPL
- Other: \_\_\_\_\_

SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTER CASING
- COMMENCE DRILLING OPNS.  PLUG AND ABANDON
- CASING/CEMENT JOB
- Other: **Spud**

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/16/2006 Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Electronically Signed TITLE Operations Manager DATE 7/7/2006

Type or print name Steve Owen E-mail address steve@frontierdrilling.us Telephone No. 505-632-9150

**For State Use Only:**  
APPROVED BY: Charlie Perrin TITLE District Supervisor DATE 7/7/2006