Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103 May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Nati	ral Resources WEL	L API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		30-015-35062 dicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran	icis Dr.	STATE X FEE
District IV	1220 South St. Fra Santa Fe, NM 8	75053 ₄₅ 6. St	ate Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		<u> </u>	
(DO NOT USE THIS FORM FOR PROPOSED DIFFERENT RESERVOIR. USE "APPLICATION OF THE PROPOSED IN 1981 (1981)	CATION FOR PERMIT" (FORM C-10)	MES ORISOCH	ase Name or Unit Agreement Name A ARRIBA
1. Type of Well: Oil Well	Gas Well X Other		ell Number 4
2. Name of Operator THOMPSON	ا, J. CLEO	9.00	GRID Number 11181
3. Address of Operator P.O. BOX	I, J. CLEO 1. 12577 1. TX 79768-2577	181 Uno	Pool name or Wildcat desig. Happey Valley (Bone Springs East)
4. Well Location			song. Happey vaney (Sone opinigo Salay)
Unit Letter G: 1664' feet from the NORTH line and 1650 feet from the EAST line			
Section 10 Township 22-S Range 26-E NMPM CountyEDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3195 GL			
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: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON			
	MULTIPLE COMPL	CASING/CEMENT JOB	
OTHER:	П	OTHER:	
13. Describe proposed or comp		pertinent details, and give p	pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
1. SPUDDED WELL AUGUST 9, 2006 W/JW DRILLING RIG #6			
2. Run 13 joints 13 3/8, 48#,8rd, J-55,ST&C csg, Length 538.67 w/float equip 539', Casing Set @ 536', run 1 centralizer rig down casing crew, rig up BJ. Pump 180 sxs Thixotropic, Lead cmt pump 233 sxs 35:65:6 class "C", tail cmt pump 200 sxs "C" 2% CaCl2, did not get returns back. Plug down 6:30 pm @ 8/11/06.			
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 [3], a general permit [1] or an (attached) alternative OCD-approved plan [1].			
SIGNATURE JUM SI	CLONS TITLE OF	PERATIONS MANAGER	DATE 08/22/2006
Type or print name JIM STEVENS For State Use Only	E-mail a	ddress:jctwest@nts-online.	Telephone No. (432)550-8887
APPROVED BY:	TATZE	L. M	DATE CINALIS
Conditions of Approval (if any):	Was	and It So	DATE C/4/06