Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 May 27, 2004
<u>District I</u> 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
District II	OIL CONSERVATION DIVISION	30-005-61904
1301 W Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S St Francis Dr., Santa Fe, NM	Sama 1 6, 1111 6 7 8 6 8	o. State on & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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)		Plains 29
1. Type of Well: Oil Well Gas Well Other		8. Well Number 4
2. Name of Operator		9. OGRID Number 241908
Texas ReExploration Operating L.C.  3. Address of Operator  SEP 1 i 2007		10. Pool name or Wildcat
3025 Maxroy Houston, TX 77008	<b>4.3</b> .	LE Ranch San Andres
4. Well Location		
Unit LetterD: 990feet from theNorth line and330feet from theWest line		
Section 29 Township 10S Range 28E NMPM Chaves County		
\$ 11.1	Elevation (Show whether DR, RKB, RT, GR, etc.	)
Pit or Below-grade Tank Application or Closu		
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 INTEN PERFORM REMEDIAL WORK PLU TEMPORARILY ABANDON CHA PULL OR ALTER CASING MUL	G AND ABANDON ☐ REMEDIAL WOR NGE PLANS ☒ COMMENCE DR	ILLING OPNS. P AND A
OTHER:	□ OTHER.	
13. Describe proposed or completed o	perations. (Clearly state all pertinent details, an EE RULE 1103. For Multiple Completions: A	
Original intent was to convert well to Injection. Changed plans and returned to production.		
ACCEPTED FOR	RECORD	
SET 17 2007		
Gerry Guye, Deputy F NMOCD-District I	ield Inspector I ARTESIA	
I hereby certify that the information above grade tank has been/will be constructed or closed a	is true and complete to the best of my knowledg	e and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE D. C My	TITLEVice President_	DATE09/06/07
Type or print name Dean C. Brooks For State Use Only	E-mail address: dbrooks@tex-rex.com	Telephone No.432-238-5362
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	TITLE	