Submit 3 Copies To Appropria	te District	State of	New Me	exico	Form C-10	3
Office District I Energy, Minerals and Natural Resources					May 27, 200	4_
1625 N French Dr , Hobbs, NM 88240					WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION					30-015-24429	\dashv
District III 1220 South St. Francis Dr					5. Indicate Type of Lease STATE FEE	ļ
1000 Rio Brazos Rd., Aztec, NM 87410					STATE FEE 6. State Oil & Gas Lease No.	\dashv
District IV 1220 S St. Francis Dr., Santa Fe, NM					o. State Off & Gas Lease No.	İ
87505	TO TOTAL	EG AND DEDODES				4
		ES AND REPORTS O			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					Loving 1 State	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other					8. Well Number	\dashv
1. Type of Well: Oil W	ell [] G	as Well 🗵 Other	A==	0.0.000	2	
2. Name of Operator			SEP	2 6 2007 	9. OGRID Number	
Samson Resources Company OCD-ARTESIA					20165	
3. Address of Operator					10. Pool name or Wildcat	
200 N. Loraine St., Suite	1010, Midla	and, TX 79701			Black River East (Wolfcamp)	
4. Well Location						
Unit Letter	N_:_!	get from the _	South	line and	_feet from the <u>West</u> line	
Section	1	Township 2	24S	Range 27E	NMPM Eddy County	
		11. Elevation (Show w	hether DR,	RKB, RT, GR, etc.,		
Pit or Below-grade Tank App		Closure 🗌				201
Pit typeDepth	to Groundwate	erDistance from ne	arest fresh w	ater well Dis	tance from nearest surface water	
Pit Liner Thickness:	mil	Below-Grade Tank: Vo	olume	bbls; Co	onstruction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
12.	CHOOK 1 I	propriate Box to I	iarouto 11		resport of other Buta	
NOTIC	E OF INT	ENTION TO:		SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					_	i
					LLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN					T JOB	
OTHER:				OTHER: Test W	olfcamp 🖂	
13. Describe propose	d or comple	ted operations. (Clearl	y state all p	pertinent details, an	d give pertinent dates, including estimated da	ite
of starting any pr	oposed worl	c). SEE RULE 1103.	For Multip	le Completions: At	tach wellbore diagram of proposed completic	on
or recompletion.					•	
7/30/2007 – 7/31/2007: N	ID troo NILL	OOD Dalaga nir and	DOFI			
RU WL and lubricator. Se						
	_	•				
8/1/2007 - 8/12/2007: Per ND BOP, NU tree. Acdz	rforate Wolf	camp (10310'-30', 103	62'-66', 10	392'-94'/52 holes).	GIH w/pkr, set @ 10200' and test to 1000.	
Swab test to kickoff.	woncamp ((U31U -1U394) W/3UUU	gai 7.576 l	NEFE.		
Flow test.						
					11.11.6	_
I hereby certify that the in	formation at	ove is true and comple	ete to the bo guidelines [est of my knowledg J. a general permit []	e and belief. I further certify that any pit or below or an (attached) alternative OCD-approved plan	v-
$\neg V$	-//		Baraanines C			
SIGNATURE //e	uz Vec	un	_TITLE	District Engineer	DATE 8/20/07	
Type or print name	Wen Krawie	etz E-mail address:	kkrawi	etz@samson.com	Telephone No. (432) 683-7063	
Type or print name For State Use Only	KUI KIAWK	L-man address.	KKIAWI		200pHone 1(0. (132) 003 1003	
Tor State Osc Only		ECORDS ONLY			SEP 2 6 2007	
APPROVED BY:	, C4.8 8.80		_TITLE		DATE	
Conditions of Approval (i	f any):					