| Submit 2 Court To Account Date 1   | 0. 0                |                            |   | E . C 102     |
|--|---------------------|----------------------------|---|---------------|
| Submit 3 Copies To Appropriate District  State of New Mexico  Office  Minutel Page Propries  |                     |                            | Form C-103<br>June 19, 2008                 |               |
| Energy, Minerals and Natural Resources   |                     |                            | WELL API NO.                                | June 19, 2008 |
| 1625 N French Dr., Hobbs, NM 88240 District II   |                     |                            | 30-015-02078                                |               |
| 1301 W Grand Ave., Artesia, NM 88210  OIL CONSERVATION DIVISION  |                     |                            | 5. Indicate Type of Lease                   |               |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd , Aztec, NM 87410   |                     |                            | EE 🗌  |               |
| District IV Santa Fe, NM 87505   |                     | 6. State Oil & Gas Lease 1 | No.   |               |
| 1220 S St. Francis Dr , Santa Fe, NM<br>87505  |                     |                            | B-647                                       |               |
| SUNDRY NOTICES AND REPORTS ON WELLS  |                     |                            | 7. Lease Name or Unit Ag                    | reement 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 |                     |                            | Twin Lakes                                  |               |
| PROPOSALS)   |                     |                            | O Wall Name have                            |               |
| 1. Type of Well: Oil Well  | Gus ii vii 🔛 Guitei |                            | 13  |               |
| 2. Name of Operator FINNEY OIL COMPANY   | 00                  | D-ARTESIA                  |   |               |
| 3. Address of Operator 2707 WEST AVE PO BOX 1569 ARTESIA NM 88211-1569   |                     |                            | 10. Pool name or Wildcat<br>ARTESIA Q-GR-SA |               |
| 4. Well Location   |                     |                            |   |               |
| Unit Letter K 1: 330 feet from the S line and 2310 feet from the W line  |                     |                            |   |               |
| Section 28 Township 18S Range 28E NMPM County EDDY   |                     |                            |   |               |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |                     |                            |   |               |
|  |                     |                            |   |               |
|  |                     |                            |   |               |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                     |                            |   |               |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |                     |                            |   |               |
| PERFORM REMEDIAL WORK  |                     | NG CASING                  |   |               |
| TEMPORARILY ABANDON  |                     |                            |   |               |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB  |                     |                            |   |               |
| DOWNHOLE COMMINGLE   |                     |                            |   |               |
| OTHER:   | Г                   | OTHER:                     |   | П             |
| 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.   |                     |                            |   |               |
| Plug from surface to bottom using pressure with pump. Will be using 54½ sacks  |                     |                            |   |               |
| of cement.   |                     |                            |   |               |
| Clean up of equipment used will be pumped back into cement truck, no tank or pit   |                     |                            |   |               |
|  |                     |                            |   |               |
| will be needed.  |                     |                            |   |               |
| Projected start date will be 3 Dec. 2008. Notify OCD 24 nrs. prior   |                     |                            |   |               |
| To any work done.  |                     |                            |   |               |
|  |                     |                            | wy work dollo.                              |               |
|  |                     | -                          | •   |               |
|  |                     |                            |   |               |
| Spud Date:   | Rig Release         | Date:                      |   |               |
| · L  |                     |                            |   |               |
|  |                     |                            |   | · · · ·       |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                     |                            |   |               |
|  |                     |                            |   |               |
| SIGNATURE Dave to  |                     | INED                       | E 0 /                                       | NOV 2000      |
| SIGNATURE WWW.   | my TITLE OI         | NINCK                      | DATE24                                      | NOV 2008      |
| Type or print name DARREL FI   | INNEY E-mail add    | ·ess:                      | PHONF. (                                    | 575)746-9293  |
| For State Use Only   |                     |                            |   | 575)365-5639  |

Approval Granted providing victk is complete by 2/29/09

TITLE*CO* 

APPROVED BY: ///Conditions of Approval (if any):