

Submit 3 Copies To Appropriate District Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

SEP 14 2009

Form C-103  
Revised May 08, 2003

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br><u>30-005-63170</u>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br><u>J. Kyle</u>                                              |
| 8. Well Number<br><u>1</u>                                                                          |
| 9. OGRID Number<br><u>160190</u>                                                                    |
| 10. Pool name or Wildcat<br><u>Elkins San Andrus</u>                                                |

|                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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)                   |  |
| 1. Type of Well:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                  |  |
| 2. Name of Operator<br><u>M.E.W. Enterprise</u>                                                                                                                                                                         |  |
| 3. Address of Operator<br><u>P.O. Box 39</u> <u>Roswell, NM 88202</u>                                                                                                                                                   |  |
| 4. Well Location<br>Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>west</u> line<br>Section <u>26</u> Township <u>2S</u> Range <u>28E</u> NMPM County <u>Chaves</u> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><u>4057 GL</u>                                                                                                                                                    |  |

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                      |
| NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/><br>OTHER: <input type="checkbox"/> | SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/><br>CASING TEST AND CEMENT JOB <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |

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.

CSG 320' 8 5/8 cmt 200sx circ, 2694' 5 1/2 15.5" cmt 300sx est Top 2000' Perfs  
2513'-2566', plug set 2450' +/-, circ hole w/ mud, cut Recover 1625' 5 1/2 CSG.  
cmt plug 50' Above & Below cut, 100' cmt plug @ 1923' Tag, 200' plug @  
1230'-1430' Tag, 100' plug @ Base 8 5/8 370' to 270', 10' cmt Plug Surface  
w/ Day hole marker Tag 7 60' min.

Approval Granted providing work  
is complete by 12/25/09

Notify OCD 24 hrs. prior  
to any work done.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Russell Whited TITLE Pics DATE 9-14-09

Type or print name Russell Whited Telephone No. 505-627-2065

(This space for State use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 9/25/09

Conditions of approval, if any: