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DEC 3 0 2009

Submit One Copy To Appropriate District State of New Mexico	NMOCD ARTESIAForm C-103
Office <u>District I</u> Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	30-015-02915
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	STATE X FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Off & 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	Cave Pool UniT
PROPOSALS.) 1. Type of Well: AOil Well Gas Well Other	8. Well Number 36
2 Name of Operator	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat
PO BOX 1089, (LOBOS NM 8824)	Lave GB/SA
4. Well Location	
Unit Letter B: 660 feet from the N line and 1980 feet from the line	
Section 5 Township 1.75 Range 31£ NMPM Coun	ty Eckl
11. Elevation (Snow whether DR, KKB, K1, GK,	, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL V	_
TEMPORARILY ABANDON	EDRILLING OPNS. P AND A
FOLE ON ALTER CASING MOLTH-LE COMPL	WENT 30B
OTHER:	
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR	
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	
FERMANENTLY STAMFED ON THE MARKER SOURFACE.	
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and	
other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with	
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.	
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have	
to be removed.)	
All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-	
retrieved flow lines and pipelines.	77 Te. 711 Haids have been temoved from herr
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
SIGNATURE Injuration Well TITLE Manage	PA DATE 12-22-09
TYPE OR PRINT NAME QUINTON WELBOR E-MAIL: QWELBORNE PHONE: 575-393-935 & FOR STEED # DIGHT NEEDS to be leveled. TITLE Field Supplying DATE 1-13-10	
TOT SHARM TOTAL TO BE 1800 to be	
TITLE EIOLA SUR	DATE 1-13-10

Conditions of Approval (if anv):