

Submit 1 Copy 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

Form C-103
October 13, 2009

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

WELL API NO. 30-015-00318
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WILLIAMS
8. Well Number #3
9. OGRID Number 3322
10. Pool name or Wildcat DAYTON

SUNDRY NOTICES AND REPORTS ON WELLS (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: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED MAR 16 2010 NMOCD ARTESIA
2. Name of Operator CFM OIL COMPANY	
3. Address of Operator PO BOX 1176 ARTESIA, NM 88211	
4. Well Location Unit Letter <u>B</u> : <u>330</u> feet from the <u>N</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>25</u> Township <u>18S</u> Range <u>26E</u> NMPM County <u>EDDY</u>	
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 <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

CLEAN OUT TO APPROX 1000'
BAIL DRY
FILL TO SURFACE WITH CEMENT SLURRY

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 Leslie Patterson TITLE PRODUCTION CLERK/ OFFICE MANAGER DATE 3/16/10

Type or print name Leslie Patterson E-mail address: lesliewpatterson@msn.com PHONE: 575-746-3099
For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 3/17/2010
Conditions of Approval (if any):

Approval Granted providing work
is complete by 6/17/2010

WILLIAMS #3

API # 30-015-00318

