Substit I Copy To Appropriate District State of New Mexico EVED	Form C-103
Ditte of How Menteo	October 13, 2009
District II District II District II One of the converge in	WELL API NO. 30-015-02348
1301 W Grand Ave, Artesia, NM 88210 OIL CONSERVALIDADELY A PLESIA	S. Indicate Type of Lease
1000 Pro Proven Pd. Artes NM 97410	STATE FEE
District IV Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM 87505	NMLC 050797
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	Russell USA
PROPOSALS)	8. Well Number 3
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator	9. OGRID Number
Apollo Energy, LP	9. OGRID Number
1 3 Address of Unerator	10. Pool name or Wildcat
4823 Ihles Road, Lake Charles, LA	Russell-Yates
4. Well Location	
Unit Letter : 663 feet from the South line and 2000 feet from the East line	
Section 12 Township 20 S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Eddy County
3260	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WORK □ ALTERING CASING □	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE	
OTHER CONVERT to injection DO OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
Ran 890' J-55 41/2"	
Circulated 2005x down 41/2" and up 4x7 annulus. Circulated	
68 sx topit	
68 sx topit Ran 24 jts 23/8 4.74/ft 8rd Pc +bg.	
Arrowset 4 1/2 x 2 3/8 Plastic Conted Packer set @ 784'	
Perforated 864-880-65ff	
Spud Date: Rig Release Date: ///o/	69.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
91411	
SIGNATURE SIGNATURE TITLE View President DATE 3/24/10 Type or print name Thomas 6. WiGHE E-mail address: Tommy we doreeweg. PHONE: 337-502-5227	
Type or print name Thomas 6. WhiGHE E-mail address: Tommy we dorewer 1 PHONE: 337-502-5227	
For State Ose Only	
APPROVED BY: POLICE INC. MALLOS PETER DE LIZALIS	
APPROVED BY: Peutapo Nae TITLE Com puanto Officer DATE 4/29/10 Conditions of Approval (if any):	

