Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO. 30-005-43/70
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE 🔀
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOT	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	J Xule
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2. Name of Operator	2	9. OGRID Number
3. Address of Operator	<u>x</u>	10. Pool name or Wildcat
P.O. Box 39, Roswall, MM 88302		
4. Well Location Unit Letter : 60 feet from the 10.71 line and 1980 feet from the 10.75 line		
Section 26 Township 675 Range 38 E NMPM County Chares		
Land to the second	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	;	UBSEQUENT REPORT OF:
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/CEN	
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	
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.		
Dry hole marker re-comented in		
	rec re-comented in	RECEIVED
DIA Make	to a a t	FFD 0.4.2011
PHYMAN	tor Ot	FEB 2 4 2011
' /		NMOCD ARTESIA
Ot to Release 3/2/2011		
	4/1	
Smud Data	Die Belegge Deter	
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true and complete to the best of my knowledge and benef.		
SIGNATURE Number	allte TITLE President	1/5C-16-1 ataq
Type or print name fusel Wited E-mail address: mescate gma. lon PHONE: 575-637-2065		
APPROVED BY TITLE LE Releaso. DATE 3/2/2011 Conditions of Approval (if any):		
Conditions of Approval (if any):	The RE	140 p