Submit 3 Copies To Appropriate District State	of New M	lexico	019	Form C	!-103	
Office District Energy, Minerals and Natural Resources			WELL API NO.			
1625 N. French Dr., Hobbs, NM 87240 District II BLI South First Arteria NAS 87210 OIL CONSERVATION DIVISION			30-015-23728			
District III 2040	District III 2040 South Pacheco			5. Indicate Type of Lease STATE X FEE		
Diantit	Santa PC, NIVI 87303			6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505			7. Landing a Heir America N			
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 Gas Well Other SWD			7. Lease Name or Unit Agreement Name: DORSTATE SWD			
2. Name of Operator			8. Well No.			
3. Address of Operator			9. Pool name or Wildcat			
P.O. BOX 481 CARLSBAD NM 88220 4. Well Location			SWD B	S		
Unit Letter H: 1980 feet from the NORTH line and 660 feet from the EAST line						
Section 27 Township 25S Range 28E NMPM County EDDY						
10. Elevation (Show whether DR, RKB, RT, GR, etc.)						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SUBS			SEQUENT REF	PORT OF:	emailine.	
PERFORM REMEDIAL WORK 🔯 PLUG AND ABANDO	ON 🗆	REMEDIAL WORK		ALTERING CASIN	G □	
TEMPORARILY ABANDON		COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB	D 🗆	ADANDONNENT		
OTHER:		OTHER:				
12. 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 recompilation.						
1) GOING TO RUN 2 3/8 PLASTIC TUBING IN HOLE AS SOON AS WE CAN GET A PULLING UNIT.						
			228.7.8	123		
				ED SIA TESTA		
			Z 4/2 1/2	03 412 03		
* Notifie N.M.O.C.D. to witness MIT.			RECE!	ED 89		
(.			/5 och			
Linda Preso	,		25 27 28 29 30 31 RECENT RECENT	1917/6		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE CLASSICALISM	TITLE 0	WNER	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	DATE 32-967	20 06	
Type or print name CLAY L WILSON	· · · · · · · · · · · · · · · · · · ·		Telepho	one No.505 885	<u>-</u> 3995	
(This space for State use)				. 1		
APPPROVED BY Mos Willfield Conditions of approval, if any:	_title <u> </u>	nuir Eng. spec	. L	DATE <u>4/3/200</u>)		