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malt 3 Copies To Appropriate District fice strict I	State of New Mexico Energy, Minerals and Natural Resources		WELL API NO.	Form C-103 May 27, 2004	1
5 N. French Dr., Hobbs, NM 88240 trist II	OIL CONSERVATION	DIVISION	3	0-045-09055	
I W. Grand Ave., Artesia, NM 88210 riot III	1220 South St. Fran		5. Indicate Type STATE		
O Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87	7505	6. State Oil & G		
0 S. St. Francis Dr., Santa Fe, NM 05			0270		
O NOT USE THIS FORM FOR PROPOSA FERENT RESERVOIR. USE "APPLICA OPOSALS.)	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLU ATION FOR PERMIT* (FORM C-101) FO	JG BACK TO A	Sangre d	r Unit Agreement Name	
	Bas Well X Other		8. Well Number 9. OGRID Number	1	-
	roduction Inc.		9. OGRID Nume	192351	
Address of Operator (44, kd 1490 #)	8 ha Plata, AM 8	7418	Oswell Far	· ·	
Well Location Unit Letter :	feet from the	line and	feet fro	m the line	
Section	34 Township 3011 Re		NMPM	County Syn Tsyn	
	11. Elevation (Show whether DR				
e leien-made l'ank Application or	Closure		ar significant		7.
typeDepth to Groundwa	terDistance from nearest fresh w	vater wellDis	stance from nearest sur	face water	
Liner Thickness: mil	Below-Grade Tank: Volume	bbls; C	onstruction Material		
12. Check A	appropriate Box to Indicate N		-	<u>.</u>	
NOTICE OF INTERFORM REMEDIAL WORK EMPORARILY ABANDON JLL OR ALTER CASING	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WOR	ILLING OPNS.	PORT OF: ALTERING CASING D PAND A	The second secon
THER: Close Pit	l ⊠(`	OTHER:			
13. Describe proposed or compl	leted operations. (Clearly state all	pertinent details, as	nd give pertinent da	tes, including estimated da	te
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. For Multip	ole Completions: A	ittach wellbore diag	ram of proposed completic	
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/		•	CONTROL CONTROL	(A) (1988)	
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			DENI	ED CONTRACTOR	
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creby certify that the information	above is true and complete to the l	best of my knowled	DENII	her corilly that my pit or below	
creby certify that the information de tank has been will be constructed or	above is true and complete to the leaded according to NMOCD guidelines	best of my knowled	DENII	her corilly that my pit or below	
ereby certify that the information de tank has been/will be constructed or GNATURE LAS K. To pe or print name	above is true and complete to the closed according to NMOCD guidelines TITLE E-mail a	best of my knowled is a general permit [ge and belief. I furn	her certify that my pit or below mative OCD-approved plan	,
ereby certify that the information de tank has been/will be constructed or GNATURE <u>Lady</u> X. A.	above is true and complete to the closed according to NMOCD guidelines TITLE E-mail a	best of my knowled is a general permit [DENII	her certify that my pit or belon that the OCD-approved plan DATE /-3/-05	738