Submit 1 Copy To Appropriate District	State of New Mo	exico	Form C-103
Office District I (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
100 Maria Paris de Cara de La Cara de		WELL API NO.	
<u>District II</u> ~ (575) 748-1283 811 S. First St., Artesin, NM 88210	HOB3S OCD OIL CONSERVATION	DIVISION	30-025-11471
District III - (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE	
District IV - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 JUN 0 6 2013 Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			309574
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.)			7. Lease Name or Unit Agreement Name Langlie Jal Unit
1. Type of Well: Oil Well  Gas Well  Other		8. Well Number 068	
Name of Operator     Resaca Operating Company		9. OGRID Number 263848	
3. Address of Operator		10. Pool name or Wildcat	
1331 Lamar Street, Suite 1450 Houston, TX 77010		Langlie Mattix: 7Rivers-Queen-Grayburg	
4. Well Location			
Unit Letter O: 660 feet from the South line and 1980 feet from the East line			
Section 6	Township 25S	Range 37E	NMPM Lea County
Section 0	11. Elevation (Show whether DR		
	3219' GL	, KKD, KT, GK, GC.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
and the second s			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORL			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	T JOB
DOWNHOLE COMMINGLE			
OTHER: Extend TA Sta	tus of Well	OTHER:	Л
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.			
Resaca Operating Company respectfully requests an extension of TA status for this well for a period of 1 year.			
Resact Operating Company respectfully requests arrextension of 174 status for this well for a period of 1 year.			
			•
Spud Date:	Rig Release Da	ate:	
			<u> </u>
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
. Hereby certify that the information	above is the and complete to the o	est of my knowledge	and benef.
SIGNATURE TITLE Engineer Assistant DATE 6/05/2013			
Type or print name Melanic Reyes E-mail address: melanic.reyes@resacaexploitation.com PHONE: (432) 580-8500			
For State Use Only			
A DDD OVED DV.	I I work I	It was	12012/0/2/2012
APPROVED BY: Conditions of Approval (it any):	my the f	us. mell	DATE OQ-DOS