Submit 1 Copy To Appropriate District Office	State of New Mo	exico	F	Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natu	ıral Resources		ctober 13, 2009
DISTINCT - (3/3) 140-1203	RECEIVEDWIN	DIVICION	WELL API NO. 30-025-11169	
District III - (505) 334-6178	S. First St., Artesia, NM 88210  trict III - (505) 334-6178  UIL CONSERVATION DIVISION  1220 South St. Francis Dr.		5. Indicate Type of Lease	
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460  JUN 0 6 12200 South St. Francis Dr. 2013 anta Fe, NM 87505		STATE FEE  6. State Oil & Gas Lease No.	Li Fea -	
1220 S. St. Francis Dr., Santa Fe, NM 87505	HOBBSOCD	ļ		
	TICES AND REPORTS ON WELLS		7. Lease Name or Unit Agree	ment Name
DIFFERENT RESERVOIR. USE "APPL	OSALS TO DRILL OR TO DEEPEN OR PL ICATION FOR PERMIT" (FORM C-101) FO		Landia Jack 11:	1-
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other Thier	tion /	8. Well Number 14	7
2 Name of Operator			9. OGRID Number	
McDonnold Operator  3. Address of Operator	iting the.		10. Pool name or Wildcat	
505 N. Big Spring	Suite 204 Midla	nd Tx 79701		HES ON 68
4. Well Location				
Unit Letter $0$ : Section $20$	Township 245 Ra		180 feet from the E	line
Section 20	11. Elevation (Show whether DR	, RKB, RT, GR, etc.)	NMPM LCa County A	
12 Charle	Annuanciata Day to Indianta N	Intura of Nintina T	Developed on Other D. 4	
	Appropriate Box to Indicate N		•	
NOTICE OF IN PERFORM REMEDIAL WORK	NTENTION TO: PLUG AND ABANDON	SUBS REMEDIAL WORK	SEQUENT REPORT OF	-
TEMPORARILY ABANDON		COMMENCE DRIL		CASING [
PULL OR ALTER CASING		CASING/CEMENT	JOB 🗀	
DOWNHOLE COMMINGLE				•
OTHER: MIT	pleted operations. (Clearly state all	OTHER:	give pertinent dates including	estimated data
of starting any proposed w	ork). SEE RULE 19.15.7.14 NMAC completion.	C. For Multiple Com	pletions: Attach wellbore diag	ram of
0 ( no )	-, 24 hrs. notice	will be	river rive to	test.
Pertorn MII	, 29 MS. 1011CE	WIT DE	given pria 10	
			,	
· ·				
Per Underground Injection 11.6 C Packer shall be set			rvation Division <b>Must be no</b> <b>r</b> to the beginning of pluggir	
feet of the uppermost injec		-		4
,,		÷ .		
Spud Date:	Rig Release Da	ate:		
<u> </u>		<u> </u>		
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.	· · · · · · · · · · · · · · · · · · ·
C > h 1	110	1	1	
SIGNATURE Com ///	May CHILE YE	sident	DATE 61	0-11
Type or print name (Fall a M.	McDonnold E-mail addres	·s:	PHONE: 43	2-682-3499
For State Use Only		-		
APPROVED BY:	nagol TITLE	SAH M	DATE 6	7-2011
Conditions of Approval (if any):	//	•		
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