Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
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State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

WELL API NO. 30-003-20040
5. Indicate Type of Lease   STATE ☒   FEE ☐
6. State Oil & Gas Lease No.

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 C02

2. Name of Operator
Ridgeway Arizona Oil Corp

3. Address of Operator
P.O.B 1110 St. Johns, AZ. 85936

7. Lease Name or Unit Agreement Name

Cottonwood Canyon Unit

8. Well Number CC 12

9. OGRID Number 164557

10. Pool name or Wildcat
Abo Reef

4. Well Location
Unit Letter___M___ : _660___ feet from the __south___ line and ___1980___ feet from the ____west____ line

Section 36	Township 1s	Range 21W	NMPM	County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
7639 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT 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/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
OTHER: Spud well ☒		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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIRU Patterson rig # 746 and prepare to spud

Spud Date: 7/10/2008

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE Operations Sup.   DATE 7/8/08

Type or print name _____   E-mail address: _____   PHONE: _____

For State Use Only

APPROVED BY: _Ed Martin_   TITLE DISTRICT SUPERVISOR   DATE 7/10/08
Conditions of Approval (if any):