Office State of New Mexico			XICO	Form C-103		
District I	Energy, Minerals and Natural Resources			Revised June 10, 2003		
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO	- 01940	ļ
1301 W. Grand Ave., Artesia, NM 88210	OI W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Ty	pe of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	O Rio Brazos Rd Aztec NM 87410			STATE FEE		
District IV Santa Fe, NM 8/505			6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505						
	CES AND REPORTS ON	N WELLS		7. Lease Name	e or Unit Agreement N	ame
(DO NOT USE THIS FORM FOR PROPOS					_	ļ
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				Artesia Meter Unit		
1. Type of Well:				8. Well Numb	er	
Oil Well Gas Well Other				11-35		
2. Name of Operator				9. OGRID Number		
ERS Resources LLC				225 29	18	
3. Address of Operator				10. Pool name	or Wildcat	
PO Box 958 Carlsbad, Nm 88221				Ortona 9	troug Mother	412,2
4. Well Location				·	, Q	J
Unit Letter 6 :	1650 feet from the	<	tine and Q	On feet	from the 🕠	line
	least nom the		me and	i d Lect		_me
Section 19	Township [8	3 5 Rai	1ge 28E	NMPM	County EDD 4	
	11. Elevation (Show wh	ether DR,	RKB, RT, GR, etc.))		
					a maga	
	appropriate Box to Inc	dicate Na		•		
NOTICE OF IN		_		SEQUENT R		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORL	K 🖳	ALTERING CASIN	G □
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.		
PULL OR ALTER CASING	MULTIPLE		CASING TEST AN	ın M	ABANDONMENT	
A Section Control of the Control of	COMPLETION		CEMENT JOB	1 D		
		_				
OTHER:			OTHER:			
13. Describe proposed or compl						
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. Fo	or Multiple	e Completions: Att	tach wellbore dia	gram of proposed con	pletion
たままた 1 mg/s - 11 mg						
ILU HOGY	inde dia	-1 -	N			
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	and la second the	011	J AG U	Ρ,		
I hereby certify that the information a	have is true and complete	a to the bee	t of my knowledge	and baliaf		
I hereby certify that the information a	loove is true and complete	e to the bes	a of my knowledge	and benet.		
SIGNATURE COM	un mar	TITLE !	owner		DATE 4-5-0	4
0						•
Type or print name Rou Ha	nì gan	E-mail add	ress:		Telephone No 3101 -	3295
(This space for State use)	3		A A	1 1		
	100		A -//		D MAY 1	2001
APPPROVED BY	T	TTLE	- Jul C	7 PSGD 8	PDATIMAY 1	2004
Conditions of approval, if any	<i>~</i> U \		•	I		