Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-005-00267
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE 7 FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	,	VB-1484
87505		
	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	TION FOR PERMIT" (FORM C-101) FOR SUCH	AM State
PROPOSALS.)	<u> </u>	
	s Well Other	2
2. Name of Operator Ponderosa Petroleu	m Corporation	9. OGRID Number 248481
3. Address of Operator		10. Pool name or Wildcat
P.O. Box 132, Ros	well, NM 88202	Coyote Queen
4. Well Location		
Unit Letter N : 330 feet from the S line and 1650 feet from the W line		
Section 11	Township 11S Range 27E	NMPM ChavesCounty NM
	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3708 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	PLUG AND ABANDON   REMEDIAL WOR	
	— <u> </u>	RILLING OPNS. P AND A
	MULTIPLE COMPL CASING/CEMEN	<del></del>
DOWNHOLE COMMINGLE		
OTHER:	<b>—</b> • • • • •	-Enter 😡
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 recomp	pletion.	
8/25/11 - Rigged up and drilled out existing cement plugs. Cleaned		
out well to TD of 1030'. Ran 2 3/8" tubing, pump and r		
rods. Put well on production 11/4/11.		
		RECEIVED
		1
		NOV <b>15</b> 2011
		NMOCD ARTESIA
		THINGOD THITLESINE
G. ID-to	D's Dalassa Datas	
Spud Date: 8/25/11	Rig Release Date: 9/21,	/11
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
I nereby certify that the information abo	ve is true and complete to the best of my knowledg	ge and benef.
1111	7	44 /0 /44
SIGNATURE TOWARD	TITLE President	DATE 11/8/11
Type or print name Fred F. Poo	ol, III E-mail address: sspool@cal	bleone.netpHONE: 575-623-4667
For State Use Only	$\int dx$	/ /
APPROVED BY	I TITLE VISTORIA	WIL DATE/1/16/11
APPROVED BY: // Conditions of Approval (if any):	TILE OF THE	DAIR // /
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