Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised Mugust 1, 2011 WELL API NO.	
<u>District II</u> – (575) 748-1283	OIL CONSERVATION	DIVISION	30	0-015-38188
District III – (505) 334-6178 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE	
000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or	Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			AID	24 STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number	#9	
2. Name of Operator		9. OGRID Numbe	r 281994	
LRE Operating, LLC 3. Address of Operator		10. Pool name or	Wildcat	
1111 Bagby Street Suite 4600 Houston, Tx 77002			1	eta-Yeso (96210)
4. Well Location				
1	feet from the South	line and 16	*	
Section 24 Township 17S Range 28E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3682' GL				
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 WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			ALTERING CASING P AND A	
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE	1			
OTHER: Flaring Gas		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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
Requesting permission to flare gas	due to Frontier's inability to take ga	is.		RECEIVED
Estimated Volume – 515 MCFPD				OCT 3 0 2012
Estimated Time – 90 Days			N	MOCD ARTESIA
Verbal approval has been given by Randy Dade with OCD.				
Spud Date:	Rig Release I	Date:		
		4		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Production Supervisor DATE 10/29/12				
Type or print name Michael Barrett E-mail address: mbarrett@limerockresources.com PHONE: 575-623-8424				
For State Use Only				
APPROVED BY: TITLE WST HERBUSS DATE 10/30/12				
Conditions of Approval (if any):				