Digitable Cross Prends	Submit 1 Copy To Appropriate District Office	State of New		Form C-103 Revised August 1, 2011	
OIL COMPAGE	1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
DARRELLI (-303) 334-6178					
Santa P.C., NAM 8/505 Santa F.C., NAM 8/505 Sant	District III - (505) 334-6178				
SINDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM IOR PROPOSALS TO DRILL OR 10 DEPENO OR PLUG BACK TO A DEFERENT RESERVOIR. USE "APPLICATION FOR REMIN" (FORM C-10) FOR SUCH 11 Spe of Well: Oil Well Gas Well Other	<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505			
COUNT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPUTNOR PLUGI BACKS TO A DIFFERENT RESERVOR. ISS "APPLICATION FOR PREMIT" (FORM C-161) FOR SLICH PROPOSALS) 1. Type of Well: Oil Well					
REOPOSALS) T. Type of Well: Otl Well Gas Well Other	(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR	PLUG BACK TO A	Coltrane BQR State Com	
2. Ander of Operator Vares Peroleum Corporation 3. Address of Operator 105 South Fourth Street, Ariesia, NM 88210 4. Well Location Unit Letter P : 430 feet from the South line and 660 feet from the Unit Letter M : 660 feet from the South line and 330 feet from the West line Section 36 Township 258 Range 31B NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3299 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS PAND A ACSING/CEMENT JOB PAND A CASING/CEMENT JOB COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB COMPLETOR, Attach wellbore diagram of proposed completion or recompletion. THERE 13. Describe proposed or completed operations. (Clearly state all periment 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. Rig Release Date: I hereby certify that the information abova is true and complete to the best of my knowledge and belief. SIGNATURE That Each of the Completion of Title Regulatory Reporting Supervisor DATE July 7, 2013 Type or print name Tina Huerta E-mail address: Innah@vatespetroleum.com PHONE: 575-748-4168 For State Use Oth ACCEPTED TITLE DATE DATE DATE July 7, 2013 TITLE Regulatory Reporting Supervisor DATE July 7, 2013 Type or print name Tina Huerta E-mail address: Innah@vatespetroleum.com PHONE: 575-748-4168 ACCEPTED TITLE DATE DATE July 7, 2013 Type or print name Tina Huerta E-mail address: Innah@vatespetroleum.com PHONE: 575-748-4168 ACCEPTED TITLE DATE DATE July 7, 2013 Type or Print name Tina Huerta E-mail address: Innah@vatespetroleum.com PHONE: 575-748-4168	PROPOSALS.)				
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