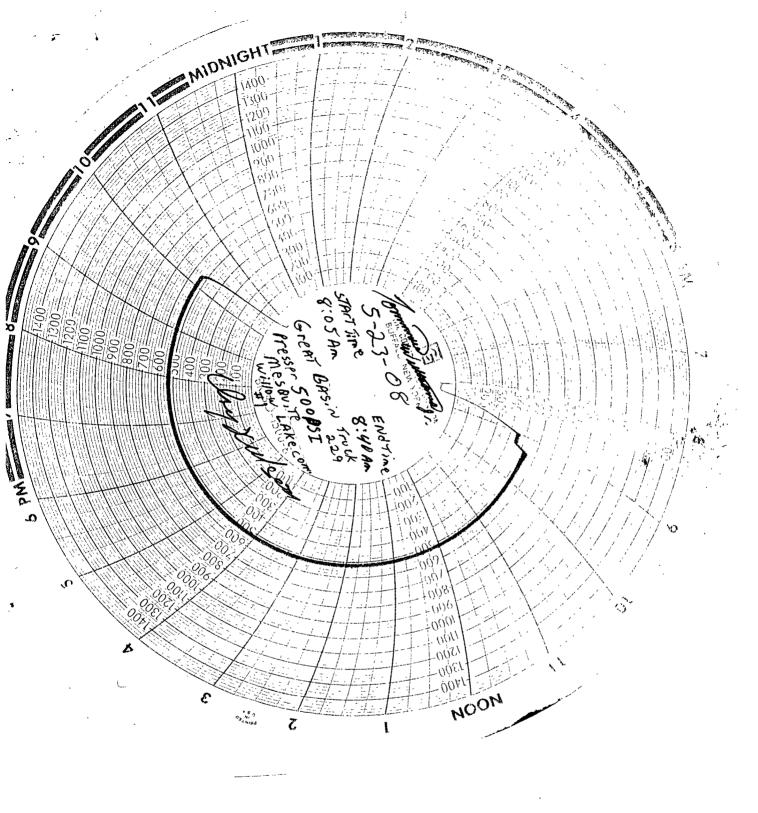
Office	State of New Mexico	June 16, 2008
District I	Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		30-015-21499
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5 Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505	,	
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR, USE "APPLICA	ES AND REPORTS ON WELLS ILS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ITION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Willow Lake Com
1. Type of Well: Oil Well [] G	as Well \square Other $5\omega 0$	8. Well Number 1
2. Name of Operator	ias Well Dother 5WD JUN 202008	9. OGRID Number 161968
Mesquite SWD Inc.		
3. Address of Operator	OCD-ARTESIA	10. Pool name or Wildcat Wildcat SWD
P.O. Box 1479 Carlsbad NM 88220		Bonespings
4. Well Location		
	God Good to CO ENI	ine and 1980 FWL feet from
Unit Letter C :	feet from the660 FNL li	ile andi980 F W Lieet from
theline		'
Section 22	Township 24S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.);
NOTICE OF INTENTION TO: 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 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. 1) Had Presure on the back side 2) Toh found hole 2 nd joint replaced replaced packer baker lock set with on off tool. 3) Pump 320 bbl fresh water with packer fluid. 4) Set back on pump out pump off plug ran 30min chart 520# held returned back to production.		
I hereby certify that the information ab SIGNATURE Lay Muss. 2008	ove is true and complete to the best of my knowledg	
•		
885-3996	E-mail address:	PHONE:505-
For State Use Only		



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