

Submit 3 Copies To Appropriate District Office
 District I
 1625 N French Dr., Hobbs, NM 88240
 District II
 13 01 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.	30-015-24059
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	NM B 4456
7. Lease Name or Unit Agreement Name	State "BX" Com
8. Well Number	#1
9. OGRID Number	10701
10. Pool name or Wildcat	Empire-Atoka & S Empire-Morrow

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other **NOV 19 2008**

2. Name of Operator: **ASPEN OIL, INC. OCD-ARTESIA**

3. Address of Operator: **P.O. BOX 2674, HOBBS, NM 88241-2674**

4. Well Location
 Unit Letter **O** **660** feet from the **SOUTH** line and **1980** feet from the **EAST** line
 Section **35** Township **14 S** Range **28 E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,657.8 RKB

Pit or Below-Lyrate Tank Avulication or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PANDA <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Well has developed a hole in the 5 1/2" casing. RD wellhead and RU BOP. POOH with tbs string (no packer in hole). Tally tbg. Pull plunger and bumper spring out of SN. TIH w/ 4 3/4" bit to 10,100'. TIH w/ RBP, packer and tbg to 7000'. Set RBP, lay down 1 jt of tbg, set packer and test RBP and tbg to 2000#. Start POOH w/ tbg and packer to isolate hole in casing. Once hole is located, open up valve on back of 5 1/2" casing and establish injection rate and see if hole will circulate up 5 1/2" and 8 5/8" annulus. Dump 2 bgs sand above RBP before POOH. Design cement for squeeze. TIH w/ cement retainer and tbg to 2 jts above hole in casing. Pump tbg volume through retainer. Set retainer. Establish injection. Pull out of retainer and circulate hole clean, string into retainer, mix and pump cement, try to obtain 2000# squeeze if it tries to squeeze. If it will circulate to surface behind 5 1/2" casing, attempt to circulate cement and do not squeeze. Pull out of retainer and POH with tbg. WOC. TIH with 4 3/4" bit, drill collars and tbs and drill out squeeze. Test to 1000#. POOH w/ tbg and bit. TIH w/ SN (with bumper spring in place) and set tbg back at prior depth. RU swabbing unit and swab well in and then run plunger. Return well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan

SIGNATURE Larry Barnett TITLE President DATE 11/13/08

Type or print name For State Use Only E-mail address: aspenoil-inc@mywdo.com Telephone No. 575-392-2277

APPROVED BY: Gerry Guye TITLE Gerry Guye Compliance Officer DATE NOV 20 2008