			MAR 0 4 2009	
Submit 3 Copies To Appropriate District Office	State of New Mexico		Mail 2000	Form C-103
District I	Energy, Minerals and Natu	ral Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDUATION DIVISION		30-015-24922	
1301 W Grand Ave, Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505			EE _
<u>District IV</u> 1220 S St Francis Dr , Santa Fe, NM	Santa PC, NWI 67303		6. State Oil & Gas Lease 1	No.
87505	CCC AND DEPORTS ON WELL			. >1
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		JG BACK TO A	7. Lease Name or Unit Agreement Name Craft 25 Com	
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2. Name of Operator			9. OGRID Number	
Judah Oil, LLC			245872 10. Pool name or Wildcat	
3. Address of Operator PO Box 568, Artesia, NM 88211			Deleware	
4. Well Location			Doloward	
Unit Letter B	: 660 feet from the North	line and 2310	feet from the East	line
Section 25	Township 24S	Range 28E	NMPM Eddy	
	11. Elevation (Show whether DR,		· · · · · · · · · · · · · · · · · · ·	
12. Check A	Appropriate Box to Indicate N	ature of Notice, F	Report or Other Data	
			•	0.5
NOTICE OF IN PERFORM REMEDIAL WORK □	TENTION TO: PLUG AND ABANDON □	SUBS REMEDIAL WORK	SEQUENT REPORT	OF: NG CASING □
TEMPORARILY ABANDON				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		
DOWNHOLE COMMINGLE				
OTHER [,]		OTHER:		\boxtimes
	leted operations. (Clearly state all p		give pertinent dates, includ	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.				
Please cancel the APD for re-entry to	o this well approved on 12-10-2008	– we do not wish to	re-enter this well at this tim	e
		Ś		
		<u>`</u> `\.	· · · · · · · · · · · · · · · · · · ·	
Spud Date:	Rig Release Da	te:		
I hereby certify that the information	above is true and complete to the be	st of my knowledge	and belief.	
SIGNATURE	TITLE_Presion	lent/Manager	DATE2/27	/2009
Type or print name _James B. Camp	anella E-mail address	: _judahoil@yahoo.	com PHONE: _57	75-746-1280
For State Use Only				
APPROVED BY:	TITLE Cre	ol mier	DATE 3/6	109
Conditions of Approval (if any):	quit TILLE (20	- y		
	•			