

Submit 1 Copy To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 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

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

Form C-103 *RM*  
October 13, 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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-104) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-35540
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Edge Petroleum Operating Company, Inc		6. State Oil & Gas Lease No.
3. Address of Operator 1301 Travis Ste. 2000 Houston, TX 77002		7. Lease Name or Unit Agreement Name Red Lake 28 N State
4. Well Location Unit Letter <u>N</u> : 9930 feet from the <u>South</u> line and <u>2310</u> feet from the <u>West</u> line Section 28 Township 17S Range 28E NMPM Eddy County		8. Well Number 4
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3683'GL		9. OGRID Number 224400
		10. Pool name or Wildcat Artesia; Glorieta-Yeso (O)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	
1. 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.			
11-04-09 Shut pump jack down, install flapper in csg check valve, open flowline valve, start unit up. Press up to 500# in 1 1/2 strokes. Well is pumping 100% water. Turn well over to production.			

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Angela Lightner TITLE Angela Lightner DATE 11/05/2009

Type or print name Angela Lightner E-mail address: angela@rkford.com PHONE: 432-682-0440  
**For State Use Only**

APPROVED BY: Jaquie R TITLE Geologist DATE 11/10/2009  
Conditions of Approval (if any):