Submit 1 Copy 10 Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			October 13, 2009 WELL API NO.
District II	OIL CONSERVATION DIVISION			30-015-03954
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE S FEE S  6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S St. Francis Dr., Santa Fe, NM	Sunta 1 0, 111VE 07303			6. State Off & Gas Lease No.
87505	VOTO ANTO DEPONTO O	NI WEST I G		
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				ETZ FEDERAL
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other  RECEI\			IVED	8. Well Number #1
2. Name of Operator	Gas wen Galer			9. OGRID Number 3322
CFM OIL COMPANY MAR		MAR 1	<b>)</b> 2010	
3. Address of Operator		NMOCD A	ARTESIA	10. Pool name or Wildcat
PO BOX 1176 ARTESIA, NM 8	8211	NMOCD	411120171	SQ LAKE GRYBRG SAN ANDRES
4. Well Location				
Unit Letter L		ne <u>S</u>		660 feet from the <u>E</u> line
Section 31 Township			IMPM	County <u>EDDY</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	<b>188</b>			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON				<del></del> -
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT			T JOB	
DOWNHOLE COMMINGLE				
OTHER:			HER:	П
	oleted operations. (Clear			d 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.				
12/08 FINISHED BUILDING NEW TANK BATTERY AND RETURNED WELL TO PRODUCTION				
Could Date:	D:~	Dalaasa Data		
Spud Date:	Rig	Release Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
CICNATURE TO A TOTAL DEPOSITION OF THE ANALOGE PATE AND THE				
SIGNATURE LIGHT TITLE PRODUCTION CLERK/OFFICE MANAGER DATE 2/22/10				
Type or print name Leslie Patterson E-mail address: lesliewpatterson@msn.com PHONE: 575-746-3099				
For State Use Only				
APPROVED BY CURS K LEGG TITLE 4) 51 IL SUPERUSOR DATE 03/10/2010				
Conditions of Approval (if any):	III		- izer	USOR DATE 03/10/2010