District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1300 Rto Brazos Rd, Aztec, NM 87410 District IV 1220 S St Francis Dr, Santa Fe, NM 87505 OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-015-23454 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
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		7. Lease Name or Unit Agreement Name STATE B 11111 TR2 8. Well Number #15A
2. Name of Operator	RECEIVED	9. OGRID Number 3322
CFM OIL COMPANY 3. Address of Operator PO BOX 1176 ARTESIA, NM 88211	MAR 1 0 2010 NMOCD ARTESIA	10. Pool name or Wildcat EMPIRE YATES 7 RIVERS EAST
4. Well Location		1/50 fort from the F
Unit Letter G: 2310 feet from the Section 22 Township 17S Range 28E	e <u>N</u> line and _ NMPM	1650 feet from the E line County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ CASING/CEMENT JOB ☐ CASIN		
OTHER.	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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 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.		
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 DILLE 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 APPROVED BY Dade TITLE D, 57 B September DATE 03/10/2000 Conditions of Approval (if any):		