Office District I Energy, Mi	ate of New Mexico nerals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240  District II  1301 W. Grand Ave., Artesia NASA CEIVOHOONSERVATION DIVISION  District III  1000 Rio Brazos Rd., Aztec, NM 87410 AY 26 2010  District IV  Santa Fe, NM 87505		WELL API NO. 30-015-24256
		5. Indicate Type of Lease
		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr. Santa Fe. NM		NM-1181
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)		Artesia State
1. Type of Well: Oil Well Gas Well Other		8. Well Number 1
Name of Operator     Thunderbolt Petroleum LLC		9. OGRID Number 160017
3. Address of Operator		10. Pool name or Wildcat
P O Box 10523, Midland TX 79702		Artesia (Grayburg, San Andres)
4. Well Location Unit Letter L : 2310 feet from the control of the	om the South line and 99	90feet from theline
Section 23 Towns		NMPM Eddy County
	how whether DR, RKB, RT, GR, etc. 182' GR	)
	02 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO	(	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABATEMPORARILY ABANDON CHANGE PLAN		<del>_</del>
PULL OR ALTER CASING   MULTIPLE COM	<del>-</del>	<del></del>
DOWNHOLE COMMINGLE		
OTHER: A TOTAL AND A SECOND OTHER: A SECOND OT		
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.		
Well resumed producing 1/11/2010.		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and c	complete to the best of my knowledge	e and helief
Thereby certify that the information above is true and c	inplete to the best of my knowledge	c and benef.
SIGNATURE SIGNATURE	TITLE President	DATE 5/25/2010
Type or print name Robert Lee	E-mail address: robertlee5@	PHONE: 432-682-1251
For State Use Only	D-man address.	r none:
	TITLE ( TANK &	DATE (a/1) AA
APPROVED BY:  Conditions of Approval (if any):	TITLE (70010113)	DATE 6/1 JOW