Submit 1 Copy To Appropriate District				Form C-103	
Office Energy, Minerals and Natural Resources Listrict I			WELL API NO.	October 13, 2009	
1625 N. French Dr., Hobbs, NM 88240 District.II 1301 W. Grand Ave. Artagia, NM 88210 OIL CONSERVATION DIVISION			30-015-02287		
District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District LIV			STATE X FEE		
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Ga 648	s Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				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.)			East Millman U	nit	
1. Type of Well: Oil Well Gas Well Other Water Injection			8. Well Number 152		
2. Name of Operator Stephens & Johnson Operating Co.			9. OGRID Number 019958		
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 2249, Wichita Falls, TX 76307-2249 4. Well Location			Millman Yates-	SR-QN-GB-SA, East	
Unit LetterA :	660 feet from the Nor	rth line and	660 feet fro	om the <u>East</u> line	
Section 22		Range 28E	NMPM	County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3421' KB, 3419' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO					
			SEQUENT RE	<u></u>	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. 🔲	P AND A	
PULL OR ALTER CASING X	MULTIPLE COMPL	CASING/CEMENT J	ов 🗆		
DOWNHOLE COMMINGLE					
OTHER:		OTHER:			
13. Describe proposed or completed of starting any proposed work). proposed completion or recomp	SEE RULE 19.15.7.14 NMAC.				
This well has a shallow casing leak. We plan to locate the shallow casing leak, back off the 4 1/2" casing below the leak and run back in the hole with new 4 1/2" casing and screw back into the casing in the hole. Work to begin as soon as possible.					
				RECEIVED	
				NOV 05 2010	
				NMOCD ARTESIA	
Spud Date:	Rig Relea	ase Date:			
I hereby certify that the information	above is true and complete to the	best of my knowledg	e and belief.		
SIGNATURE WILL WALL TITLE Petroleum mkincaid@s,jc				DATE <u>11-4-2010</u>	
Type or print name William M. Ki	ncaid E-m	nail address:	EE	_PHONE_(940)_723-2166	
For State Use Only	1.		/ \an	1 1	
APPROVED BY Conditions of Approval (if any):	Mag TIT	rle <u>Compulanc</u>	o Officer	DATE <u>(1//0/10</u>	