on Submit a Copies 10 Appropriate District	State of New Mexico			Form C-103
Office District I	Energy, Minerals and Natural Resources			Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	0
District II	OIL CONSERVATION DIVISION		30-015-00	3465
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE L	
District IV	Santa Fe, NM 87505		6. State Oil & Gas I	Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
	CES AND REPORTS ON WELL		7. Lease Name or U	nit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA				
DIFFERENT RESERVOIR. USE "APPLICA			Artesia Met	ev Unit
PROPOSALS.)			8. Well Number	
1. Type of Well:	Out			
Oil Well Gas Well	Other		47	
2. Name of Operator		9. OGRID Number		
ERS RESOURCES LLC		225298		
3. Address of Operator	Address of Operator		10. Pool name or W	
60 BOX 958 (artsback, Non 88221	(Introia Queen	Draylyna SA
4. Well Location		•	D	0 0
	_)	^	
Unit Letter 3 :	1310 feet from the	line and	feet from t	he <u> </u>
Section 35	Township 185 I			County EDD
	11. Elevation (Show whether D.	R, RKB, RT, GR, etc.,		
12. Check A _l	ppropriate Box to Indicate	Nature of Notice,	Report or Other Da	ata
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WOR	K 🖭 Al	TERING CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		LUG AND
				BANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	AD []	
	COMPLETION	CEMENT JOB		
OTHER:	П	OTHER:		П
	to A constitues (Clouds state all		Laine neutinent dates	including actimated data
13. Describe proposed or comple	k). SEE RULE 1103. For Multi			
	k). SEE KULE 1103. FOI Multi	pie Compietions. At	tach wendore diagram	or proposed completion
or recompletion.				
Donit Island.	A			
LODH MINEOUT	tag br.	attom with	tuling	
	. 4,		way,	
haall 1114 1'		4 44 1 .		
WITTE IN HOUSE	g, clan out i	يهدالها لللا	Oldon In ilm	
	g, clean out of production on 3	, - , - ou	may much	į
but well on	production on =	3-12-04.	•	•
) 10 0 F		
hereby certify that the information ab	ove is true and complete to the	pest of my knowledg	e and belief.	
hereby certify that the information ab	pove is true and complete to the b	pest of my knowledg	e and belief.	
	pove is true and complete to the b			ATE 4-5-04
		pest of my knowledg		ATE 4-5-54
SIGNATURE Roy Ca	mighTITLE_	owner	D	
SIGNATURE Roy Ca	mighTITLE_	owner	D	
SIGNATURE Roy Ca	mighTITLE_	owner	D	
SIGNATURE Pour Hand	mighTITLE_	owner	D Telep	
SIGNATURE Pour Configuration of the Pour Con	TITLE_E-mail a	owner	D Telep	hone No. 505-361-339 .
SIGNATURE Roy Ca	TITLE_E-mail a	owner	D Telep	hone No. 505-361-339 .