Submit I Copy To Appropriate District Office	State of Nev	w Mexico		Form C-103	
<u>District 1</u> - (575) 393-6161	Energy, Minerals and Natural Resources		October 13, 2009		
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			WELL API NO.		
811 S. First St., Aitesia, NM 88210	OIL CONSERVATION DIVISION		30-015-02309 5. Indicate Type of	FL 2002	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X		
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fe, NM 87505	:. NM		B-10716		
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			7 Lease Name or Unit Agreement Name Caroline		
PROPOSALS.) ! Type of Well: Oil Well Gas Well Other			8. Well Number	8. Well Number No 6	
2. Name of Operator			9. OGRID Number		
David G. Hammond			156206		
3. Address of Operator			10. Pool name or Wildcat		
PO Box 1538 Artesia NM 88211			Millman Seven Rivers East		
4. Well Location					
	feet from the				
Section 28	Township 19		NMPM	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: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING	
TEMPORARILY ABANDON				P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL				
DOWNHOLE COMMINGLE					
OTHER:	Г] OTHER.		M	
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.					
Caroline No.6 well-sign has been pe	osted.				
				7	
Spud Date:	Rig Rele	ase Date:			
			· ·		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
Thereby certify that the information above is tray and complete to the best of my knowledge and benefit.					
SIGNATURE DATE / SIGNATURE DATE / 3/12					
1 Shall brookers 320-7115					
Type or print name for the formula E-mail address: discussed at holy the PHONE: 308-7662 For State Use Only					
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APPROVED BY: Conditions of Approval (if any):	TITLE_	1 JOT SK W JEW	DAT	E OIJUSTOOL	