Submit I Copy To Appropriate District Office	State of New 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., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-02315 5. Indicate Type of Lease	
<u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.			EE 🗇
1000 Rto Brazos Rd , Aztec, NM 87410 District IV (505) 476-3460	Santa Fe, NM 875	505	6. State Oil & Gas Lease N	
1220 S. St. Francis Dr., Santa Le, NM			E-7644	
SUNDRY NOTI	CES AND REPORTS ON WELLS		7 Lease Name or Unit Agr	reement Name
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR USE "APPLICE"	SALS TO DRILL OR TO DEEPEN OR PLUC TATION FOR PERMIT" (FORM C-101) FOR		MaryLou	coment rame
PROPOSALS.) 1. Type of Well Oil Well 🔯	Gas Well Other		8. Well Number	
		·······	No. I	
2 Name of Operator			9. OGRID Number	
David G Hammond			156206	
3. Address of Operator PO Box 1538 Artesia NM 88211			10. Pool name or Wildcat Millman Seven Rivers East	
			Williman Seven Rivers East	
4. Well Location				
Unit LetterH_:	feet from the			line
Section 29	Township 19 S Rang			y Eddy
	11. Elevation (Show whether DR, a	RKB, RT, GR, etc	.)	
12 Chook A	Appropriate Box to Indicate Na	tura of Notice	Ronaut or Other Date	
12. CHECK A	appropriate box to indicate Na	nure or nonce.	, Report of Other Data	
NOTICE OF IN	TENTION TO:	SUE	SEQUENT REPORT (OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	RK 🗌 ALTERIN	NG CASING 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DF	RILLING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB 🗌	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		123
	leted operations. (Clearly state all pe		nd give pertinent dates, includi	ng estimated date
	ork). SEE RULE 19.15.7.14 NMAC.			
proposed completion or rec				
Mary Lou No. 1 well sign has been p	oosted.			
_				
			-	
0 10	Die Deleses Det			
Spud Date:	Rig Release Date	e:		
			11 1:0	
I hereby certify that the information	above is true and complete to the bes	st of my knowled	ge and belief	,
/ / / / / / /	(/			1
SIGNATURE, Les /=	ATITLE U	Qwner/Operate	or DATE	3/12
The state of the s	7/		011110011	£5
Type or print name	Foulday E-mail address	Sporedim	The + (tol YPHONE: T	305-766
For State Use Only		- And Andrews Car		
	7/10 1\.c.	- PS_10	WKA NI	halan
APPROVED BY	TITLE 1/3/	a organ	DATE 0//	00/0010
Conditions of Approval (if any):		,	,	,

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