Submit 1 Copy To Appropriate District Form C-103 State of New Mexico Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-24260 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease STATE I District III - (505) 334-6178 1220 South St. Francis Dr. FEE  $\square$ 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 06 - 647 87505 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TOOKEY-ALLEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well | Other 2. Name of Operator. 9. OGRID Number JR 10. Pool name or Wildcat ARTESIA - QUEEN, GRAYBURG, SAN ANORES 3. Address of Operator 609 ELORA DR. 4. Well Location 330 990 feet from the SOUTH feet from the EAST Unit Letter Township / 3 5 28228 GNMPM County FODY Section Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2552 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 **CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A **PULL OR ALTER CASING** MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: On I out compart and bridge plans | OTHER: OTHER: | OTHER: of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 1) RILL out 30' of cement dumped on top of 41/2 Baker CIBP at 2220. Will use reverse unit to drill out coment and plug. Will circulate to surface: I will stapt as soon as I get OCO approval. Will open up perfs 2730-94 San Andres RECEIVED JUL **0.6** 2012 Spud Date: Rig Release Date: <del>NMOC</del>D ARTESIA I hereby certify that the information above is true and complete to the best of my knowledge and belief. **V.TITLE** URN 2 17 Bamail address: hwstevension@ carlshadom.com PHONE: Type or print name For State Use Only APPROVED BY: TITLE DATE Conditions of Approval (If any):