Submit 3 Copies To Appr	opriate District		of New M		S	CANNE	D	Form C-103	
District			ls and Natural Resources			WELL ADING		June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District.II OII CONSE			RVATION DIVISION			WELL API NO. 30-0	15-39507		
			ath St. Francis Dr.			5. Indicate Type			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe			Fe, NM 8			STATE 🗷 FEE 🗌			
District IV 1220 S. St. Francis Dr., St 87505				6. State Oil & Gas Lease No.					
(DO NOT USE THIS FO	S ON WELLS TO DEEPEN OR PLUG BACK TO A (FORM C-101) FOR SUCH		) A	7. Lease Name	or Unit Agı	eement Name:			
PROPOSALS)						Parkway 23 State			
	as Well	Other	RE	CEIVED		8. Well Number	7H		
2. Name of Operator  BOG Resources, Inc.			OCT 18 2012			9. OGRID Number			
3. Address of Operator						10. Pool name or Wildcat			
P.O. Box 2267 Midland, TX 79702			NMOCD ARTESIA		<u> </u>	Turkey Track: Bone Spring			
4. Well Location  Unit Letter M: 520 feet from the South line and 200 feet from the West line									
Section	23	Township	195	Range 29E		NMPM	Count	ty <b>Eddy</b>	
		11. Elevation (She			R, etc				
3279' GR									
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data									
				,					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:								OF:	
PERFORM REMEDIAL WORK   PLUG AND ABAN			DON 🗀	ON 🗌 REMEDIAL WORK 🔲 ALTERING CA				RING CASING 🔲	
TEMPORARILY ABAN		COMMENCE DRILLING OPNS.  P AND A							
PULL OR ALTER CAS	L 🗆	CASING/CEME	G/CEMENT JOB 🗶						
DOWNHOLE COMMINGLE									
OTHER:				OTHER:					
13. Describe propose of starting any proor recompletion.		operations. (Clearly SEE RULE 1103. F		ertinent details, an					
		, 32#, J55 LTC c 600 sx Class C,			. ولم	/ 200 Ma-	- 5 14 9		
		ulated 122 sx ce					S C, 14.0	Prg,	
4/16/12 Test	ed casing to	2000 psi for 30							
Resu	med drilling	7-7/8" hole.							
Spud Date:	4/11/12		Rig Relea	ase Date:	5/9	21/2			
I hereby certify that th	e information a	have is true and com	nlete to the	hest of my know	ledae	and helief			
I hereby certify that the		bove is true and com		c best of my know	icug	and belief.			
SIGNATURE	ton Wy		TIT	LE <u>Requi</u>	lato	y Analyst	DATE _	4/17/12	
Type or print name Stan Wagner E-mail address: PHONE 432-686-3689									
For State Use Only	RODa	do		n Distal	P			120/12	
APPROVED BY Conditions of Approve	APPROVED BY DATE 10/30/17 Conditions of Approval (if any):								