Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resou	rces June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONCEDUATION DIVICE	20 015 40917
1301 W. Grand Ave., Artesia, NM 8821 0 District III	OIL CONSERVATION DIVISION 1220 South St. Empreis Dr.	5. Indicate Type of Lease
1 000 Rio Brazos Rd., Aztec, NM 8741 0	1220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
	TICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR, USE "APPLI	CATION FOR PERMIT" (FORM C ₃ 101) FOR SUCH	Derrick Fee
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2. Name of Operator		9. OGRID Number
	Energy Corporation	.013837
3. Address of Operator	CO. A NIM 00010	t0. Pool Name or Wildcat
4. Well Location	60 Artesia, NM 88210	Cass Draw; Bone Spring
Unit Letter H 1675 feet from the North line and 700 feet from the East line		
Section -4 ·	Township 23S Range 27	
	11. Elevation (Show whether DR, RKB, RT	
	3125' GR	
• •		
12. Check	Appropriate Box to Indicate Nature of I	Notice, Report or Other Data
NOTICE OF I	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		ALWORK ALTERING CASING
TEMPORARILY ABANDON		NCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING	CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER: Add perfs a		
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion of proposed completion.		
•	fs to the existing Cass Draw; Bone Spring fo	rmation as follows:
Perforate from 6500-7300' acidiz	e and frac treat.	DECEMENT
		RECEIVED
		001 2 0 2012
		OCT 3 0 2013
		NMOCD ARTESIA
		THE SIMI
Spud Date:	Rig Release Date:	
I hereby certify that the information	n above is true slid complete to the best of my k	nowledge and helief
Thereby certify that the information	above is true shu complete to the best of my k	nowreage and benef.
0 11	$\sim 10^{\circ}$	
SIGNATURE Jeny W.	TITLE Production Clerk	DATE 10/29/13
Type or print name Jerry W. Sheri	rell E-mail address: jerrys@	mec.com PHONE: (575)748-1288
For State Use Only	1 A	
APPROVED BY:	DOCU TITLE DISTATS	DOLLISA DATE MANADIS
Conditions of Approval (if any):	MLE OF OTT	194413(1) DATE 10/300013