

Submit 3 Copies to Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. <i>3015-24744</i>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <i>Williams St. #3</i>
8. Well Number <i>3</i>
9. OGRID Number
10. Pool name or Wildcat

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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
MAXEX

3. Address of Operator
135 FLATROCK BROWNWOOD TX

4. Well Location
 Unit Letter _____ : *1980* feet from the *N* line and *860* feet from the *W* line
 Section *28* Township *20* Range *25* NMPM County *ECIDY*

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 3215

Pit or Below-grade Tank Application or Closure

Pit type *steel* Depth to Groundwater *40* Distance from nearest fresh water well *400* Distance from nearest surface water *8M*

Pit Liner Thickness: *NA* mil Below-Grade Tank: Volume *NA* bbls; Construction Material *NA*

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 or recompletion.

April 1-04 set CIBT AT 920? Filled hole to top with OCD recommended slurry Appx 7-1/2 yds cement @ 185⁰⁰ yd. - cement held AT Top - weld on Dry hole MARTEN

Witness Buck Bedong

RECEIVED
 MAR 10 2006
 OCD-ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE *Mad M 49* TITLE *Pres* DATE *3-7-06*

Type or print name _____ E-mail address: *JumpMaster PFC @ A01* Telephone No. *325 7846501*

For State Use Only

APPROVED BY: *[Signature]* TITLE _____ DATE *MAR 14 2006*

Conditions of Approval (if any): _____

Well Selection Criteria Quick Print

API Well #	Well Name and No.	Operator Name	Typ Stat	County	Surf UL	Sec	Twp	Rng	Ft N/S	Ft E/W	UICPmt	Lst Insp Dt
30-015-24744-00-00	WILLIAMS STATE	003 MAXEX, LLC	G	Eddy	S	E 28	20 S	28 E	1980 N	860 W		12/2/2004

Please do final P: A inspection on
 on after 2-27-06

PIA OK to Release
 3/1/06

