Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO. 30-015-33622
District II 1301 W. Grand Ave., Artesia, NM 88210		ATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410		St. Francis Dr.	STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe,	NM 87505	6. State Oil & Gas Lease No.
		N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name TWO MARKS 36 STATE
1. Type of Well: Oil Well X	Gas Well Other	Month - Year	8. Well Number 1
2. Name of Operator Latigo Petro		JAN 3 1 2007 OCD - ARTEMA, AMA	9. OGRID Number 227001
3. Address of Operator P.O. Box Midland	(10340 TX 79702-7340		10. Pool name or Wildcat Indian Basin, Upper Penn Assoc
4. Well Location			Indian Bushi, Opper Felm Assoc
Unit Letter M	feet from the	SOUTH line and 76	0feet from theWESTline
Section 36	Township 21S		NMPM CountyEDDY
	11. Elevation (Show whe	ther DR, RKB, RT, GR, etc.,	,
Pit or Below-grade Tank Application 🛛 or Closure 🗌			
Pit typeDepth to Groundy	vaterDistance from near	est fresh water well Dist	tance from nearest surface water
Pit Liner Thickness: mi	Below-Grade Tank: Volu	mebbls; Co	onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK			
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	☐ COMMENCE DRI ☐ CASING/CEMEN	
	MOET II EE OOMI E		+ 5
OTHER:	plated appretions (Clearly)		ommingle gas production X d give pertinent dates, including estimated date
			tach wellbore diagram of proposed completion
or recompletion.			
1/26/07 - Implementation of surface commingling. Commingling Order CTB-566			
I hereby certify that the information	ahava is true and complete	to the heat of my knowledge	e and belief. I further certify that any pit or below-
grade tank has been/will be constructed or	r closed according to NMOCD gu	idelines \square , a general permit \square	or an (attached) alternative OCD-approved plan
SIGNATURE LISA H	unt T	TLE Regulatory Analyst	DATE 01/29/2007
Type or print name Lisa Hunt For State Use Only		-mail address:huntl@pogop	producing.com Telephone No. (432)685-8229
APPROVED BY: Conditions of Approval (if any):	RECORDS ONLY	TLE	DATEFEB 0 5 2007