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 N	latural Resources	WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			-01244
District III	1220 South St. Francis Dr.		5. Indicate Type of STATE	$\begin{array}{c} \text{Lease} \\ \text{FEE} \Box \stackrel{\text{F-E-D}}{=} \mathcal{D}. \end{array}$
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas I	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(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			SAUNIERS A	
PROPOSALS.) 1. Type of Well: Oil Well G	as Well 🔲 Other	JUN 142007	8. Well Number	7
2. Name of Operator /ANSON	ENERGY	OCD-ARTESIA	9. OGRID Number	9946
3. Address of Operator		Ds 0 . /	10. Pool name or W	
P.O. BOX 1348	3 AKTESIA	88211	EM/YATE	s, s x
4. Well Location Unit Letter	feet from the	line and	feet from t	the line
Section 13	Township /7\$			County EDDY
	11. Elevation (Show whether	DR, RKB, RT, GR, etc.)	,	
Pit or Below-grade Tank Application or C	Closure 🔲			
Pit typeDepth to Groundwate	rDistance from nearest fre	sh water well Dista	ance from nearest surface	water
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WORK	·	TERING CASING
	CHANGE PLANS	COMMENCE DRIL	LING OPNS. P	AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🔲	
OTHER:		OTHER:		
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.				
-				
This is a Flowing well showing monthly Production.				
Do duction.				
monthly				
·				
COMPLIANCE RESOLVED				
Comp	CHANCE 1200			
Therefore and Called And Called				
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.				
Direct selection of the				
SIGNATURE / October /)	- 0 Cos TITLE	11101/20110	C(C)(/\D	$ATE = \frac{2}{7} \frac{7}{7} \frac{1}{6}$
Type or print name	Ei	oddroo:	m 1	L NT.

Type or print name

For State Use Only

APPROVED BY: TITLE Compunity OFFICER

DATE 4/2/2007

Conditions of Approval (if any):