			AUG 2 1 2008
Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		NML CO65421	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		30-015-00387	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			BRAdley Federal
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 2
2. Name of Operator John Cravey dba IRC lette oleum			9. OGRID Number 2526 8 2
3. Address of Operator By 447 Peros 7x. 79772			10. Pool name or Wildcat
4. Well Location			Junior Telesco
Unit Letter SE : S	·	line and	feet from theline
Section //	Township 245 R: 11. Elevation (Show whether DR	ange 26 E	NMPM County Eddy
11. Lievadon (Bnow whether DK, KKB, KT, GK, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE	WOLTH EL OOM L		
OTHER:	П	OTHER:	П
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.			
G. 1000p.			
	,		ACCEPTED FOR RECORD
Λ \	Op-luces		
this lease is producing			AUG 2.1 2008
·			Gerry Guye, Deputy Field Inspector NMOCD-District II ARTESIA
			MMOCD-District II IIIVI 22112
			,
Spud Date:	Rig Release Da	ate:	
<u> </u>	,		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Kathy Crave	TITLE Of	ree Mina	DATE 8-12-08
Type or print name KAHLY CLA	E-mail address	: Trepetroleu	en @ PHONE: 432 445-9331
For State Use Only		cebridge.1	en @ PHONE: 432 445-9331
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):			