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Submit 3 Copies To Appropriate District	State of New Mexico	60 000	Form C-103
Office District I	Energy, Minerals and Natural Resour	ces JUL 23 2009	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
District II 1301 W. Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	ON 30-015-36976	
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FE	E 🗆
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease N	
1220 S St Francis Dr , Santa Fe, NM			
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agr	reement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO		
DIFFERENT RESERVOIR, USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Staley State	
*	Gas Well Other	8. Well Number 11	i
2. Name of Operator		9. OGRID Number	
Lime Rock Resources A, L.P.	h. Ct C.:t- 4000	255333 10. Pool name or Wildcat	
3. Address of Operator 1111 Bag	TX 77002	Red Lake; Glorieta-Yeso	,
4. Well Location	17,77002	red Edice, Glorieta 1 030	
3 Unit Letter 1650':	feet from the South line and	330' feet from the West	line
Section 30	Township 17S Range 2		County
Section 30	11. Elevation (Show whether DR, RKB, RT,		County
	3586 GL		98 S. 18
12. Check	Appropriate Box to Indicate Nature of N	Notice, Report or Other Data	
		•	· >=
	ITENTION TO:	SUBSEQUENT REPORT (AL WORK	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	-	ICE DRILLING OPNS. P AND A	NG CASING 🔲
PULL OR ALTER CASING		CEMENT JOB	`
DOWNHOLE COMMINGLE		_	
			_
OTHER:	Deleted operations. (Clearly state all pertinent de	tails, and give nextinent dates, including	no estimated data
	ork). SEE RULE 1103. For Multiple Complete		
or recompletion.	only. SEE REED 1765. For maniple complete	one riman wencere unagram er pre	posed completion
•			
	to change the setting depth of this well from 4,0	000' T.D. to 5,200' T.D. in the Yeso a	and cement will be
brought to the surface, approx, 450	sx Poz & 520 sx lite.		
			•
Sound Dates	Pir Pulsara Data		
Spud Date:	Rig Release Date:		
I haraby cartify that the information	above is true and complete to the best of my k	nowledge and belief	
Thereby certify that the information	i above is true and complete to the best of my k	nowledge and belief.	
,			
SIGNATURE Decryck!	Smith, TITLE_POA Agent for L	ime Rock Resources_DATE_07/22/0	9
Type or print name Coargo D Com	ith E mail address: or omit	th 130@yahoo com DUONE: 57	5 622 4040
Type or print name _George R. Sm For State Use Only	ith E-mail address: _gr.smi	th130@yahoo.com PHONE: 57:	3.023.4940
/ State Cot Only			
APPROVED BY:	TITLE (700/09/3	DATE	124/09
Conditions of Approval (if any):			