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OCT 16 2009 Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Energy, Minerals and Natural Resources NMOCD AVELESMANO. Office Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 88240 District II <del>30-0</del>15-00220 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco STATE 🔀 1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, 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 EGGER PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Name of Operator 8. Well No. -ouis Fu Address of Operator 9. Pool name or Wildcat O BOX HTOKA SAN ANdres Well Location G: 1650 feet from the North line and 2310 feet from the EAST line Unit Letter Township / Range 2 C NM
10. Elevation (Show whether DR, RKB, RT, GR, etc.) Section County Fdd 11. 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 ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRIL **PULL OR ALTER CASING** MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: 12. 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 recompilation. Shoot off 3/2" line at 1600 ft and pull bet 25 sk. plug over batters pef. 1775 ft. - Tag Bell hale dry and fell with religions ar cement slurg Approval Granted providing work is complete by 12/15/09 I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 10-16-09 TITLE OWNER SIGNATURA Type or print name Telephone No. (This space for State use) APPPROVED BY APPPROVED BY Conditions of approval, if any: Cement slury