Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resource	tes SEP 3 0 2009 June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II		WEEL API NO. 30-015-26169
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	N 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ES 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		A Agave "IK" State
PROPOSALS.)		0. 777 1127
1. Type of Well: Oil Well X Ga	as Well  Other Currently TA'd	8. Well Number 001
2. Name of Operator St. Mary Land & Exploration Co.		9. OGRID Number 154903
3. Address of Operator 3300 N. A Street, Bldg. 7, Ste. 200 Midland, , TX 79705		10. Pool name or Wildcat
4. Well Location	. 17103	Parkway; Delaware
Unit Letter C : 33	30 feet from the North line a	nd 2310 feet from the West line
Section 2	Township 20S Range 29E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, G	
And the second s	3327' GR	And decident
2		
12. Check Ap	propriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INTE	ENTION TO:	SUBSEQUENT REPORT OF:
	PLUG AND ABANDON ☐ REMEDIAL	
		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	· I	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	C OTHER R	enew TA Status
		ails, and give pertinent dates, including estimated date
		ns: Attach wellbore diagram of proposed completion
or recompletion.		
St. Mary Land & Exploration reque	st a renewal/extension on the TA status of this	s well. It has potential future use as a water source sion of TA status a MIT test will be scheduled,
witnessed and sent in for record.		
	i A 00000	COTTON REPORT W/189
	LOSI IEU	
	TA STATUS	CROW REPORT 4/1/89 CXPIRED 2/20/08
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I hereby certify that the information about SIGNATURE And Audio	ove is true and complete to the best of my known that the best of my k	DATE 09/29/2009
I hereby certify that the information about	ove is true and complete to the best of my known that the best of my k	owledge and belief.
I hereby certify that the information about SIGNATURE SIGNATURE Type or print name Donna Huddleston For State Use Only	TITLE Production Tech  E-mail address: dhuddleste	DATE <u>09/29/2009</u> on@stmaryland.com PHONE: <u>(432)688-1789</u>
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