Submit 2 Coning To Assurantinto Distant	G	T
Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-015-00-386
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Sama 1 C, INIVI 67505	6. State Oil & Gas Lease No.
87505		NM LC 065421
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		Bradley Federal
PROPOSALS) 1. Type of Well: Oil Well Gas V	Vell 🛛 Other	8. Well Number
2 Name of Operator	Λ.,	9. OGRID Number
John CRAVEY	, dba JRC Petroleum	25 268 2
3. Address of Operator	<u>~</u>	10. Pool name or Wildcat
	s. Tx. 79772	DelAWARE
4. Well Location		
Unit Letter NE : SE		feet from theline
Section /\	Township 24 S Range 26 E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	IG AND ABANDON 🔲 REMEDIAL WOR	<u> </u>
	ANGE PLANS COMMENCE DR	
	LTIPLE COMPL	T JOB 🔯
DOWNHOLE COMMINGLE		
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. 1 250 feet of 7" asin (1716) and cleaned out hole		
or recompletion. Change out 350 feet of 7"casin (1716) And cleaned out hole		
to TD of 2005		
to 11) of 2005		
Spud Date:		
Spud Date.	Rig Release Date:	
Spud Date.	Rig Release Date:	
	Rig Release Date:	ge and belief.
I hereby certify that the information above	is true and complete to the best of my knowledg	
I hereby certify that the information above	is true and complete to the best of my knowledg	DATE 9-1-09
I hereby certify that the information above SIGNATURE Type or print name John Cravey	is true and complete to the best of my knowledg	DATE 9-1-09
I hereby certify that the information above	is true and complete to the best of my knowledg	DATE 9-1-09
I hereby certify that the information above SIGNATURE Type or print name John Cravey For State Use Only	is true and complete to the best of my knowledge TITLE DWNER E-mail address:	DATE 9-1-09 PHONE: 432-445-9331
I hereby certify that the information above SIGNATURE Type or print name John Cravey	is true and complete to the best of my knowledg	DATE 9-1-09