

Submit 1 Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 October 13, 2009

WELL API NO. <b>30015048110000</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>011599</b>
7. Lease Name or Unit Agreement Name <b>North Square Lake Premier Unit</b>
8. Well Number <b>003</b>
9. OGRID Number <b>24558</b>
10. Pool name or Wildcat <b>Square Lake QN-GB-San</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4023' D.F.</b>

SUNDRY NOTICES AND REPORTS ON WELLS  
 (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 PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other **WIW**

2. Name of Operator  
**Walsh and Watts, Inc.**

3. Address of Operator  
**1111 Seventh Street Wichita Falls, TX 76301-2392**

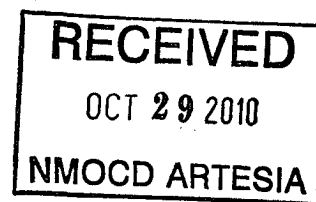
4. Well Location  
 Unit Letter **P** : **4620** feet from the **North** line and **660** feet from the **East** line  
 Section **6** Township **16S** Range **31E** NMPM **Eddy** County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC.- For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**Well failed MIT. Intend to pull tubing and packer to test casing for repair prior to running tubing and packer back for proper testing prior to returning to injection. Plan to start 11/01/2010.**



Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Alfred B. Guinn TITLE **Vice - President** DATE **10/27/2010**  
 Type or print name **Alfred B. Guinn** E-mail address: **saw82660@sbcglobal.net** PHONE: **(940) 723-2104**  
 For State Use Only

APPROVED BY: Richard Inge TITLE **COMPLIANCE OFFICER** DATE **11/9/10**  
 Conditions of Approval (if any):