Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	WELL API NO. 30-025-35297
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
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Saina Pe, INVI 67505	6. State Oil & Gas Lease No.
87505		B-9385
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
•	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	New Mexico - AN- State
1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2 Name of Operator	^	9. OGRID Number
wolder mind	Retrotem Vasoucas, LP	225789
3. Address of Operator		10. Pool name or Wildcat
A -	OPLEF. 87, WILLA , POI	
4. Well Location	107, DANIAS) (A. 13 A 10	Sayuders Permo Upper Penn
—	1680 feet from the North line and	1681 616 1 1 1 1
Section L2	Township \4 S Range 33\7	NMPM County Lca
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
Pit or Below-grade Tank Application 🔲 o	4203 61	44.0
Pit typeDepth to Groundw	aterDistance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: Volume bbls;	Construction Material
12. Check A	Appropriate Box to Indicate Nature of Notice	ce. Report or Other Data
		, report of outer batta
NOTICE OF IN	ITENTION TO: SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON 🔲 REMEDIAL W	ORK ALTERING CASING
		ORILLING OPNS.□ P AND A □
TEMPORARILY ABANDON	CHANGE PLANS	ORILLING OPNS.∐ PAND A □
TEMPORARILY ABANDON PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEM	
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEM	ENT JOB
PULL OR ALTER CASING OTHER:	MULTIPLE COMPL ☐ CASING/CEM	BOL TAN
PULL OR ALTER CASING OTHER: 13. Describe proposed or comp	MULTIPLE COMPL CASING/CEM	ENT JOB Aur to loculous and give pertinent dates, including estimated date
OTHER: 13. Describe proposed or comp of starting any proposed we or recompletion.	MULTIPLE COMPL CASING/CEM OTHER: Casing/CEM	and give pertinent dates, including estimated date Attach wellbore diagram of proposed completion
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Type or print name MATT HOUSTON

E-mail address: MATT HOUSTON

For State Use Only

APPROVED BY:

Conditions of Approval (if any):

TITLE

DATE 12-17-09

TITLE

DATE 12-17-09