Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 October 13, 2009
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr. Santa F		WELL API NO. 30-025-10738 5. Indicate Type of Lease STATE FEE Fed 6. State Oil & Gas Lease No.
87505	AREAND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR INSTALS 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 Dother		Cline Federal 8. Well Number
2. Name of Operator Docrating, Inc.		9. OGRID Number
3. Address of Operator 505 N. Big Spring Suite 204 Midland Tx 7970 Langlie Mattix Tryrs		
4. Well Location Unit Letter E: 2310 feet from the NOrth line and 330 feet from the West line Section 5 Township 235 Range 37 E NMPM Lea County NM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INT PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON ☐ REMEDIAL WO	DRILLING OPNS. P AND A
OTHER: 13. Describe proposed or complete.	OTHER:	and give pertinent dates, including estimated date
of starting any proposed work) SEE DITE 10.15.7.14 NMAC. For Multiple Completions: Attach wellhors diagram of		
5-4-11 RU Recco WS. Unseat Pmp. POOH W/ rods & Pmp. NU Bop. Test 23/8 +bg. Unseat PKR out of hole. R & R PKR. Test tbg GIH. Set PKR @ 3350. RIH W/ Pmp & rods and L&T +bg to 500 psi. Held. Put on production.		
they GIH. Set PKR @ 3350. KIH WI PMP + 1003 and		
L&T +bg to 500 ps1. Held. Tall on 1		
		Accepted for Record Only ECG 6-29-2011
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 C.M. M.	CDonnold E-mail address:	DATE 6.9-11
Type or print name Craig M. N For State Use Only	1cDonnold E-mail address:	PHONE: 432-682-3499
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE