Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District I = (575) 393-6161 Energy, Minerals and Natural Resources	October 13, 2009
1625 N French Dr., Hobbs, NM 8824 HOBBS OCD District II – (575) 748-1283	WELL API NO. 30-005-20530
811 S First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 JUL 2 0 2011 1220 South St. Francis Dr. 1000 Rio Brazos Rd , Aztec, NM 87410 Santa Fe, NM 87505	STATE FEE FED
District IV – (505) 476-3460 1220 S St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 RECEIVED	
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)	7. Lease Name or Unit Agreement Name MILLER FEDERAL
1. Type of Well: Oil Well Gas Well Other SWD	8. Well Number #6 SWD
2. Name of Operator DORAL ENERGY CORP.	9. OGRID Number / 261198
3. Address of Operator	10. Pool name or Wildcat
22610 US HWY 281 NORTH, SUITE 218, SAN ANTONIO, TEXAS 78258	SWD SAN ANDRES
4. Well Location	
Unit Letter M : _660 _ feet from the _SOUTH line and660_	feet from theWESTline
Section 34 Township 7S Range 31E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM County CHAVES
11. Elevation (Snow whether DR, RRB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	ГЈОВ 🔲
DOWNHOLE COMMINGLE	
OTHER: OTHER:	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Con	npletions: Attach wellbore diagram of
proposed completion or recompletion.	
ESTIMATED START DATE 7/19-7/25/2011 TO REPAIR HOLE IN TUBING.	
Per Underground Injection Control Program Manual	
11.6 C Packer shall be set within or less than 100	Approval Notify OCD Hobbs
	rs prior of running MIT Test & Chart
\dot{j}	,
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	and belief
Thereby certify that the information above to state and complete to the observe my information	and conci.
SIGNATURE Jawrence J. Rusley TITLE President	, ,
	DATE 7/19/2001
	,
Type or print nameLAWRENCE J. RISLEY E-mail address:larryr@xbres.c	,
Type or print nameLAWRENCE J. RISLEY E-mail address:larryr@xbres.o	com PHONE:210-226-6700