*		and the second
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
<u>District II</u> - (575) 748-1283	OIL CONSERVATION DIVISION	30-025-01834
811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV (505) 476-3460	Santa Fe, NM 87505	STATE FEE  6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM 87505		E-2064
SUNDRY NOTIC	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	Court Pour Laboration
PROPOSALS)		South Four Lakes Unit
1. Type of Well: Oil Well, D. G	as Well [] Other SWD	6
2. Name of Operator	DECENTER	9. OGRID Number 151323
Pride Energy Company  3. Address of Operator	RECEIVED	10. Pool name or Wildcat
P.O. Box 701950, Tulsa, OK 74170-	1950	Four Lakes Penn
4. Well Location	SEP 08 2011	
	0 feet from the South line and 660 feet from the	
Section 2	Township HOSBSANC D34E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County .
	4,159' RKB	
12. Check Ap	propriate Box to Indicate Nature of Notice, I	Report or Other Data
NOTICE OF INT	ENTION TO:   SUBS	SEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WORK	<del></del> .
	CHANGE PLANS COMMENCE DRIL MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE:	OAGING/CEMENT	000
;		-
OTHER:  13. Describe proposed or complet	ed 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 Com	
proposed completion or recon	ipletion.	
	gauge and bleed down 2" riser above ground, dig out	t to determine whether 2" riser is surface or
intermediate casing and will la (in response to Letter of Viola		
(in response to better of viola	100	- · · ·
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15	1 2 2 2	
pud Date:	Rig Release Date:	
	1	***
hereby certify that the information ab	ove is true and complete to the best of my knowledge	and-belief
0 / 11 C	13	_
IGNATURE AMU	President of Pride Oil & G  TITLE General Partner of Puide E	
.//	1	
ype or print name John W Pride or State Use Only	t-mail address: johnw@pride-encigy.com PHO	ONE. <u>(918) 524-9200.</u>
9		ns 003
PPROVED BY: Conditions of Approval (if any):	THE THE	DATE 7-0-60
onunions of Approvar (if any):	/	
	1	, p4773.sk