

Submit 1 Copy To Appropriate District
Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

RECEIVED
OCT 20 2011
OBSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSCOCD

WELL API NO. 30-025-31033
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MIDWAY 5
8. Well Number
9. OGRID Number 224056
10. Pool name or Wildcat SHIPP--STRAWN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5 LEA

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator LEOPOLDO P BUSTAMANTE	
3. Address of Operator BOX 50923, MIDLAND, TX. 79710	
4. Well Location Unit Letter <u>O</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>5</u> Township <u>660</u> Range <u>1980</u> NMPM <u>5</u> County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5 LEA	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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: <u>Put well on production</u> <input checked="" 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.

10-20-11 Installed 456 Conv. Nat'l pumping unit - space
cat - PREP to start well pumping to T/B

10-21-11 Prep to install elec. power & start up - AFTER
WELL IS put on production - pump wtr. down and
start 24hr. potential test

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 Leopoldo P Bustamante TITLE PRES./ OWNER DATE 10/21/2010
Type or print name LEOPOLDO P BUSTAMANTE E-mail address: PHONE: 432-685-3236

For State Use Only
APPROVED BY: [Signature] TITLE STATE MGR DATE 10-20-2011
Conditions of Approval (if any):

OCT 20 2011