Submit 3 Copies 10 Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	Emergy, immerate and traducal Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-22194
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE
District IV	Santa Fe, NM 87	7505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
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 DEEP SPARKLING MUDDLER STATE	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number 1
2. Name of Operator DAVID H. ARRINGTON OIL & GAS, IN		9. OGRID Number 05898	
3. Address of Operator P. O. BOX 2071 MIDLAND, TEXAS 79702			10. Pool name or Wildcat WILDCAT, MIISIIPPI
4. Well Location			
Unit Letter O: 660 feet from the S line and 1980 feet from the E line			
Section 15		inge 36E	NMPMNM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,841.8' GROUND			
Pit or Below-grade Tank Application or Closure			
Pit typeDepth to Ground	waterDistance from nearest fresh w	ater well Dista	nce from nearest surface water
Pit Liner Thickness: mi	Below-Grade Tank: Volume	bbls; Con	struction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF DEPARTMENT			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON		COMMENCE DRIL	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🗌
OTHER:	П	OTHER:RUNNING	TBG. IXI
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.			
03-22-05 RIH W/2" X 1-1/4" X 26' PUMP. RIH W/RODS, & 2-3/8" TBG., SET @10,152' 04-06-05			
	IT, HAD TO SD, (HIGH WINDS).		
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			26/110168
I hereby certify that the information	above is true and complete to the be	est of my knowledge	and belief. I further certify that any pit or below- an (attached) alternative OCD-approved plan
4	. crosed/accounting to MATOCID Suidelines [」, a generat perimt 🔲 o	' an (attached) afternative UC 1)-approved plan
SIGNATURE / Cma	, +	OD. ANALYST	
Type or print name NANCY GETZ	1 lent TITLEPRI	OD. ANALYST	DATE 04/07/2005
	1 let TITLE PR	OD. ANALYST dress:	DATE <u>04/07/2005</u> Telephone No. (432)682-6685
Type or print name NANCY GETZ	1 let TITLE PR	OD. ANALYST	DATE <u>04/07/2005</u> Telephone No. (432)682-6685