Submit 1 Copy 10 Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 882410BBS C District II – (575) 748-1283		WELL API NO. 30-025-30052
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87440 1 4		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	AINSWORTH DB
1. Type of Well: Oil Well 🛛 Gas	Well Other	8. Well Number
2. Name of Operator DENTON EXPLORATION NM, INC		9. OGRID Number 286603
3. Address of Operator		10. Pool name or Wildcat
	08 W. BROADWAY, HOBBS, NM 88240	VADA; UPPER PENN (62459)
4. Well Location		
Unit Letter M : 66	60feet from the _SOUTH line and	660 feet from theWESTline
Section 23	Township 09S Range	33E NMPM LEA County
11	1. Elevation (Show whether DR, RKB, RT, GR,	, etc.)
And the state of t		A Control of the Cont
12. Check Appr	ropriate Box to Indicate Nature of Not	ice, Report or Other Data
NOTICE OF INTE	NTION TO:	SUBSEQUENT REPORT OF:
	LUG AND ABANDON REMEDIAL V	
TEMPORARILY ABANDON 🔲 CH	HANGE PLANS 🔲 COMMENCE	E DRILLING OPNS. ☐ P AND A ☐
	ULTIPLE COMPL	MENT JOB
DOWNHOLE COMMINGLE	_ •	
OTHER:	☐ OTHER:	RE-ENTRY-SET 5 ½ CSG
13. Describe proposed or completed		s, and give pertinent dates, including estimated date
	SEE RULE 19.15.7.14 NMAC. For Multiple	e Completions: Attach wellbore diagram of
proposed completion or recomp	letion.	
10/27/11, MIRU. RU BOP.	•	
10/28/11-11/4/11, DO CMT PLUGS TO		AN 131 JTS 5 ½: CSG W/ FLOAT SHOE, SHOE
JT, FLOAT COLLAR & CENTRALIZE	RS. PUMPED 400 SXS CMT. RD.	
	•	
Smud Data	Rig Release Date:	
Spud Date:	Rig Release Date:	
I hereby certify that the information above	ve is true and complete to the best of my know	vledge and belief.
1/1		
SIGNATURE MALE THE	TITLE ACENT	DATE 11/00/11
SIGNATURE / SIGNATURE	IIILEAGENI	DATE_11/09/11
	E-mail address: _gheard@oilreportsinc.co	m PHONE:575-393-2727
For State Use Only		
APPROVED BY:	TITLE SHE NACE	DATE //-/5-2011
Conditions of Approval (if any)		
		DATE //-/5-20//
		NOV 1 5 2011
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