Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
Enorgy Minorale and Natural Decourage		esources	UEV L ABINIO	Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240. District II – (575) 748-1283	CEIVED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VELL API NO. 30-	025-37921
District II – (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 1220 South St. Francis Dr.			. Indicate Type of	of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	15 711 Santa Ea NIM 97505	<i>"</i> ·	STATE State Oil & Ga	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Suita 1 0, 19191 07505	. 0		
87505 FUE	ES AND REPORTS ON WELLS		F-BIG	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA	LS TO DRILL OR TO DEEPEN OR PLUG BA	CK TO A	. Lease Ivallie of	Omt Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			schooner	
1. Type of Well: Oil Well Gas Well Other			. Well Number	2
2. Name of Operator ENERGY			0. OGRID Number 21292	
3. Address of Operator 10 DESTA DRIVE, STE 300-EAST			0. Pool name or	
MIDLAND, TX 79705			MESA Q	DEEN ASSOC.
4. Well Location Unit Letter H: 2310 feet from the N line and 430 feet from the E line				
Unit Letter H : : :	Township 165 Range	line and <u>43</u>	NMPM	n the <u>E</u> line County LEA
	11. Elevation (Show whether DR, RKB)		Aloir ioi	County CET
	4350 GL			
12. Check Ap	propriate Box to Indicate Nature	of Notice, Re	eport or Other	Data
NOTICE OF INT	ENTION TO:	SHRS	EQUENT REI	PORT OF:
		/EDIAL WORK		ALTERING CASING
-		MENCE DRILL		P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CAS	SING/CEMENT J	ов 🗆	
DOVATATIONE COMMUNICEE	[
OTHER:				SURE_FINAL RET X
	ed operations. (Clearly state all pertino). SEE RULE 19.15.7.14 NMAC. For			
proposed completion or recon	pletion.		ictions. Attach w	choole diagram of
response to inspec	TION # 1MAW 081063	34327		
PER ATTACKED C-141 FINAL REPORT THE PIT HAS BEEN CLOSED				
AND APPROVED BY CARLY JOHASON				
THE HOUSEKEEPING ISSUES HAVE ALSO BEEN TAKEN CARE OF				
				\neg
Spud Date:	Rig Release Date:			
I hereby certify that the information ab		1 1 1	11 11 6	
i nereby certify that the information ab	ove is true and complete to the best of	my knowledge a	na bellet.	
SIGNATURE THOUSE	TITLE PRES'	08-27	DA	TE 11-8-11
Type or print name TELLY	(DUFFEU E-mail address:		ры	ONE: <u>432 -686-9</u> 790
For State Use Only	2 man audicos			
ADDROVED BY	TITLE STATE	4 MAS	·	те <u>//-/5-20/</u> /
APPROVED BY: Conditions of Approval (if any):	IIILE J777	· maje	DA	16