Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resource	Revised August J., 2011 WELL API NO.
1625 N French Dr , Hobbs, NM 88240BBS O <u>District II</u> – (575) 748-1283		20.025.24219
811 S First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S St Francis Dr, Santa Fe, NM		SWD-0049
87505 RECEIV	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	TO DRILL OR TO DEEPEN OR PLUG BACK TO	A Gulf State
1. Type of Well: Oil Well Gas	Well X Other	8. Well Number #1 SWD
2. Name of Operator		9. OGRID Number 181109
Cameron Oil and Gas Inc.  3. Address of Operator		10. Pool name or Wildcat
PO Box 1455 Roswell NM 88202		Swo San Andres
4. Well Location		JUD CUM AMOTES
Unit Letter M :	feet from the South	line and660feet from the
Westline		
Section 2	Township 23S Range	37E NMPM Lea County
	. Elevation (Show whether DR, RKB, RT, C 198 GL	GR, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTE	NTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK 📗 PL	LUG AND ABANDON   REMEDIA	
		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MI DOWNHOLE COMMINGLE	ULTIPLE COMPL   CASING/C	CEMENT JOB
BOWN TOLL GOWN THE		
OTHER.	□ OTHER:	Perform Step Rate Test
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.		
1) Cameron Oil and Gas Inc. request an increase of injection pressure, buy performing a step rate test on the above captioned well.		
2) Cameron will notify OCD 24hrs in advance to witness test.		
Spud Date:	Rig Release Date:	
<u> </u>		
I hereby certify that the information above	e is true and complete to the best of my kno	, and halist
nation above	c is true and complete to the best of my kno	owicage and benef.
Son Asi	00~1/	
SIGNATURE CONTROL OF THE President	TITLE Vice	
PresidentDA_E01/04/2012		
Type or print name _G. David Sweeney E-mail address: dsweeney@cameronoil.com JAN _1 0 _2012		
PHONE	E: 575-627-3284,575-420-1108	JAN 1 U ZOIE

APPROVED BY:
Conditions of Approval (if any); For State Use Only

TITLE STATE 1-9-2012