Office	State of New Mexico	
<u>District I</u> – (575) 393-6161 Energy, Minerals and Natural Resources		WELL API NO.
District II - (575) 748-1283		30-025-27984
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 MAR 0 7 2012 Santa Fe, NM 87505		STATE FEE
1220 S. St Francis Dr , Santa Fe, NM		6. State Oil & Gas Lease No.
SUNDRY NOTIFICAND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)		POST /
1. Type of Well: Oil Well Gas Well Other		8. Well Number 1
2. Name of Operator NMR ENERGY LLC		9. OGRID Number 280401
3. Address of Operator 800 BERING, STE 250, HOUSTON TX 77057		10. Pool name or Wildcat KING WOLFCAMP
4. Well Location		
Unit Letter N: 990 feet from the S line and 1650 feet from the W line Section 1 Township 14S Range 37E NMPM LEA County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3833 GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE		ILLING OPNS. P AND A
OTHER:		EXTENSION TO EVALUATE TO
DETERMINE WHETHER TO P&A OR RTP 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.		
NMR Energy requests a 90 day extension to determine whether to plug and abandon or return to production the Post #1 based on the		
economic evaluation of the Post #3 after its return to production.		
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Spud Date: Rig Release Date:		
well out of a mpliance well out of 273 Plg 3-8-		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. 3-8-2012		
SIGNATURE TITLE Regulatory Affairs Coordinator DATE 03/02/2012		
Type or print name HOLLIE LAMB E-mail address: hlamb@helmsoil.com PHONE: 432.682-1122		
APPROVED BY:TITLE		DATE
Conditions of Approval (if any):		