

Submit 1 Copy To Appropriate District  
Office  
District I - (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  
1000 Rio Brazos Rd, Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S St Francis Dr, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

<b>RECEIVED</b> <b>SEP 10 2011</b> <b>HOBBS</b>		WELL API NO. <b>30-025-04393</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>L.W. WHITE WELL #1</b>		8. Well Number <b>#1</b>
9. OGRID Number <b>180387-</b>		10. Pool name or Wildcat <b>Summit, Yates - 7 Rurs - On</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc )		

**SUNDY 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 )

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator **FINLEY RESOURCES INC**

3. Address of Operator **P.O. Box 2200 FT. WORTH, TX. 76113**

4. Well Location  
Unit Letter **P-3A** **660** feet from the **SOUTH** line and **36660** feet from the **EAST** line  
Section **34** Township **20S** Range **36E** NMPM County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <b>TR'd WELL - FAIL MIT</b> <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

**PREPARING TO MOVE IN WELL SERVICING RIG TO IDENTITY PROBLEM.**

**The Oil Conservation Division  
MUST BE NOTIFIED 24 Hours  
Prior to the beginning of operations**

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

**ERS / OP SUPERINTENDENT**

DATE

Type or print name  
For State Use Only

**JOAQUIN H. ROBLE**

E-mail address:

**joaquin@finleyresources.com**

PHONE:

**(806) 891-1286**

APPROVED BY:

TITLE

**Dist. Mgr**

DATE

**9-10-2012**

Conditions of Approval (if any):

**SEP 11 2012**