

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

HOBBS OCO

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

SEP 11 2012

WELL API NO. <u>30-025-03488</u>
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 <u>STATE WEB BATTERY #3</u>
8. Well Number <u>#5</u>
9. OGRID Number <u>180387</u>
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator <u>FINLEY RESOURCES INC</u>	
3. Address of Operator <u>P.O. Box 2200 FT. WORTH, TX 76113</u>	
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>24</u> Township <u>21S</u> Range <u>35E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT FAILED ☐

OTHER: ☐

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.

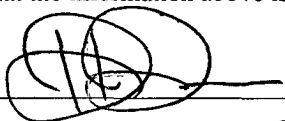
MOVE IN RIG UP WELL SERVICE RIG TO DETERMINE FAILURE.

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

9/6/12

Type or print name

JUAKIN H. ROBLES

E-mail address:

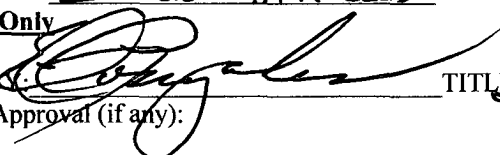
juakin@finleyresources.com

PHONE:

(804) 891-1286

For State Use Only

APPROVED BY:



TITLE

DEPT. MGR

DATE

9-13-2012

Conditions of Approval (if any):

SEP 13 2012