Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
District I — (575) 393-6161	pergy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II – (575) 748-1283 811 S. First St. Artesia NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	00-02 04560
	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE  6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM <b>RECEIVE</b>	<u></u>	6. State Off & Gas Lease No.
87505		
SUNDRY NOTICES A	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	O DRILL OR TO DEEPEN OR PLUG BACK TO A	500 5 30
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	FOR PERMIT" (FORM C-101) FOR SUCH	JIME F-58
1. Type of Well: Oil Well Gas W	′ell ☐ Other	8. Well Number #2
2. Name of Operator		9. OGRID Number
tinley	Resources	180387
3 Address of Operator		10. Pool name or Wildcat
1 P.O. B	0x 913 FT. Worth TX70	6113 Eumont: Yales-7 Rurs-an-
4. Well Location		//
	n feet from the	1980 feet from the W line
Section '28	Township 265 Range 36 Revation (Show whether DR, RKB, RT, GR,	
11. [	nevation (Snow whether DR, RKB, RI, GR,	etc.)
40 61 1 1		D 01 D
12. Check Approp	priate Box to Indicate Nature of Noti	ce, Report or Other Data
NOTICE OF INTENT	FION TO:	UBSEQUENT REPORT OF:
<del></del>	G AND ABANDON   REMEDIAL W	
<del>_</del>	<del>-</del> ,	DRILLING OPNS. P AND A
	TIPLE COMPL   CASING/CEM	IENT JOB
DOWNHOLE COMMINGLE		
OTHER: FRI PEQUEST 3-M	OTHER:	П
		, and give pertinent dates, including estimated date
	EE RULE 19.15.7.14 NMAC. For Multiple	
proposed completion	·	
A 111.000	A = 1 1 1	The same hallette from when
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	J 011/21 JE	
		,
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
Spud Date:  I hereby certify that the information above i		edge and belief.
	s true and complete to the best of my know	, ,
I hereby certify that the information above i	s true and complete to the best of my know	, ,
I hereby certify that the information above i	s true and complete to the best of my know	ledge and belief.  WTENDENT DATE 8/3//2
I hereby certify that the information above i	s true and complete to the best of my know	WTENDENT DATE 8/3//12
I hereby certify that the information above i  SIGNATURE  Type or print name  LAQUE H, F	s true and complete to the best of my know	WTENDENT DATE 8/3//12 PHONE: 806-891-1281
I hereby certify that the information above i	s true and complete to the best of my know	WTENDENT DATE 8/3//12 PHONE: 806-891-1281
I hereby certify that the information above i  SIGNATURE  Type or print name  LAQUE H, F	s true and complete to the best of my know	WTENDENT DATE 8/3//12 PHONE: 806-891-1281
I hereby certify that the information above i  SIGNATURE  Type or print name  For State Use Only  APPROVED BY	s true and complete to the best of my know	W75VDSV7 DATE 8/3//12 PHONE: 866-891-1284
I hereby certify that the information above i  SIGNATURE  Type or print name  For State Use Only	s true and complete to the best of my know	WTENDENT DATE 8/3//12  PHONE: 806-891-1281