

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

**HOBBS OGD**

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

**11 2012**  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

**RECEIVED**

WELL API NO.

30-025-04362

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

STATE E-28

8. Well Number #4

9. OGRID Number

180387

10. Pool name or Wildcat

Eumont, Yates - 7 Pors - Qn

**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 ☒ 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 L : 1980 feet from the S line and 990 feet from the W line  
Section 28 Township 20S Range 36E NMPM County LEA

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 ☐

OTHER: FRI REQUEST A 6MO EXTENSION ☐

**SUBSEQUENT REPORT OF:**

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

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.

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 8/31/12

Type or print name

JUAN H. ROBLES

E-mail address:

JURQUIN@FINLEYRESOURCES.COM

PHONE (806) 891-1286

**For State Use Only**

APPROVED BY:

Conditions of Approval (if any):

TITLE Dist. Mgr

DATE 9-13-2012

SEP 13 2012