Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1,/2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	3 B	WELL API NO. 30-025-04381
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 SEP 11 2 1000 Rio Brazos Rd , Aztec, NM 87410	1220 Doubli Di. 1 Idalie D 21.	STATE X FEE
District IV = (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	D	
SUNDRY NOTICES AND 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		5.2
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		STATE E-33
1. Type of Well: Oil Well Gas Well Other		8. Well Number 3
2. Name of Operator		9. OGRID Number
FINLEY KESOURCES INC.		180387
3. Address of Operator	774- TT 1100-11-17 7115	10. Pool name or Wildcat
4. Well Location	2200 + T. WORTH, TR. 76113	Eumont; Yates-12Kurs -
	feet from the V line and	1985 feet from the (1) line
	Township 205 Range 36 E Elevation (Show whether DR, RKB, RT, GR, e	
	Dictation (Bhow whether Dit, 1910), 1(1, Oit, e	
Name of the state		
12. Check Appro	priate Box to Indicate Nature of Notic	e, Report or Other Data
NOTICE OF INTEN	TION TO:	DOCOLICAT DEDOCT OF
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A		
PULL OR ALTER CASING MULDOWNHOLE COMMINGLE	TIPLE COMPL LI CASING/CEIVIE	INT JOB?
OTHER: TRI REQUEST 3-1	16 = X7=XS/ON - OTHER:	
13. Describe proposed or completed of	perations. (Clearly state all pertinent details,	and give pertinent dates, including estimated date
	EE RULE 19.15.7.14 NMAC. For Multiple C	Completions: Attach wellbore diagram of
proposed completion or recomple	ion.	
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Spud Date:	Rig Release Date:	,
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I hereby certify that the information above	is true and complete to the best of my knowle	dge and belief.
(VI)	,	, ,
SIGNATURE ()	TITLE EDS NO. SUNDI	VIEWDENT DATE 8/31/12
SIGNATURE	TILE STOP WER	
Type or print name TURQUIU H,	DRES E-mail address:	PHONE: BOG-BII-1286
For State Use Only		
ADDROVED BY		
APPROVED BY	THE DOTT IN	DATE 9.12-201
Conditions of Approval (if any)	TITLE DESTINA	PHONE: <u>BOG-891-1286</u> DATE 9-13-201
Conditions of Approval (if any).	TITLE DESTINA	DATE 9-13-201 SEP 1 3 2012