Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	COIL CONSERVATION DIVISION	30-025-04380
811 S First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	2012 South St. Francis Dr. Santa Fe, NM 87505	STATE
1220 S St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. 32214
SUNDRY NRECE!	D REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH	State E 33
1. Type of Well: Oil Well Gas	s Well 🛛 Other	8. Well Number
2. Name of Operator Finley Resources, Inc		9. OGRID Number 180387
3. Address of Operator 1308 Lake Street Fort Worth, TX 7610	2	10. Pool name or Wildcat
4. Well Location	2	
1	660 feet from the North line and 9	90 feet from the West line
Section 33	Township 20S Range 36E	NMPM County Lea
1	1. Elevation (Show whether DR, RKB, RT, GR, etc	
3	600 GL	
12. Check App	ropriate Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTE	NITION TO:	SSEQUENT REPORT OF:
	LUG AND ABANDON  REMEDIAL WOR	
	<del></del>	RILLING OPNS. P AND A
	IULTIPLE COMPL   CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	MIT 🖂
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.		
Conducted an MIT test on 08/31/2012. Test was conducted by David Anthony with Stone Oilfield Service.		
Conducted an Will test on 06/31/2012. Test was conducted by David Anthony with Stone Official Scivice.		
This Approval of Temporary  Abandonment Expires		
Abandonment Expires		
6 MONTHS		
<del></del>		
Spud Date:	Rig Release Date:	
I hereby certify that the information abo	ve is true and complete to the best of my knowleds	ge and belief.
1 -0120		
SIGNATURE AD WILL	TITLE Regulatory Analyst	DATE09/11/2012
Type or print nameApril Wilkerson	E-mail address: awilkerson@finle	eyresources.com PHONE: 817-231-8735
For State Use Only	),, , , , , , , ,	~
APPROVED BY: Wah W	notation TITLE Compliance Of	Ticer DATE 09-18-2012
Conditions of Approval (if any):		,
		SEP 1-8 2012 (
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