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			30-025-04360	
811 S. First St , Artesia, NM 88210	t, Artesia, NM 8821 HOBBS OCOIL CONSERVATION DIVISION		5. Indicate Type of Le	ease
<u>Natrict III</u> – (505) 334-6178 000 Rio Brazos Rd., Aztec, NM 87410 <u>Strict IV</u> – (505) 476-3460 SEP 1 7 2012 Santa Fe, NM 87505		STATE 🛛	FEE	
District IV – (505) 476-3460 SEP 1 7 2012 Santa Fe, NM 87505 1220 S. St Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lea 32213	ase No.	
SUNDRY RECEIVED ND REPORTS ON WELLS			7. Lease Name or Uni	t Agreement Name
(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)			State E 28	
1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2. Name of Operator			9. OGRID Number	
Finley Resources, Inc 3. Address of Operator			180387 10. Pool name or Wild	deat
1308 Lake Street Fort Worth, TX 7	6102		10. Foot name of who	leat
4. Well Location				
Unit Letter <u> </u>	1980feet from theSou			
Section 28		Range 36E	NMPM	County Lea
The second second	11. Elevation (Show whether DR 3624 GL	, RKB, RT, GR, etc.,)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK				ERING CASING
TEMPORARILY ABANDON				ND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MOLTIFLE COMPL	CASING/CEMEN	1 306	
	_			<u>_</u>
OTHER:	leted operations (Clearly state all	OTHER:	MIT	cluding estimated date
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 witnessed by an OCD employee and signed off on the chart (attached).				
This Assertal of Tomporary				
This Approval of Temporary Abandonment Expires 11-30-2012				
3 MONTHS				
47 F				
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information	above is true and complete to the b	est of my knowledg	e and belief.	
SIGNATURE April DATE 09/11/2012 TITLE Regulatory Analyst DATE 09/11/2012				
Type or print nameApril Wilkerson E-mail address: awilkerson@finleyresources.com PHONE: 817-231-8735				
For State Use Only	211	. r	70	_
APPROVED BY: Warkle	Thiste Low	upliance Of	hice DATE	09-18-2012
Conditions of Approval (if any):		4	FILLER DATE	SEP 2 4 2012

