Submit I 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 <u>District II</u> – (575) 748-1283			30-025-20168
811 S First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III - (505) 334-6178			STATE \(\sqrt{FEE} \)
<u>District IV</u> – (505) 476-3460	00 Rio Brazos Rd . Aztec, NM 87410 strict IV = (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM		A01375	
87505 / RECEIVED 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 DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Wallace State
1. Type of Well: Oil Well Gas Well Other			8. Well Number #6
2. Name of Operator			9. OGRID Number
Me-Tex Oil & Gas, Inc.			14462 10. Pool name or Wildcat
3. Address of Operator P.O. Box 2070, 119 E. Bender, Hobbs, NM 88240		Blinebry	
4. Well Location			2doi;
Unit Letter K: 4290 feet from the S line and 2310 feet from the W line			
Section 3	Township 21S	Range 36E	NMPM County Lea
Section 3			
11. Elevation (Show whether DR. RKB, RT, GR, etc.) 3,538			
			Barrier and the Control of the Contr
12. Check	Appropriate Box to Indicate N	ature of Notice.	Report or Other Data
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR			
TEMPORARILY ABANDON			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			I JOB 🔲
DOWNHOLE COMMINGLE	J		
OTHER:		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.			
Propose to kill well, pull 2 3/8" tubing, rods and pump. Go back in with RBP and set at 5870'. Would like to perforate at			
			with 2 JSPF. Set treating packer at 5770'
	the backside. Acidize with 7,000 gal		
return to production.			

Spud Date:	Rig Release Da	te:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TO Manager DATE October 17, 2012			
Type or print name LeAnn Whitehead E-mail address: lwhitehead@metexoil.com PHONE: (575) 397-7750			
For State Use Only			
APPROVED BY Jones TITLE DIST MAR DATE 10-19-2012			
Conditions of Approval (if any):			
/ /			