Sười nít 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District I</u> – (575) 393-6161 1625 N French Dr , Hobbs, NM 88240 District II – (575) 748-1283		30-005-20684
811 S First St , Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 NUV 0 1 1000 Rio Brazos Rd, Aztec, NM 87410	Zuiz 1220 South St. Francis Dr.	STATE X FEE
<u>District IV</u> – (505) 476-3460 1220 S St. Francis Dr , Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		L-5120
	AND REPORTS ON WELLS O DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION	N FOR PERMIT" (FORM C-101) FOR SUCH	Tom 36 State
PROPOSALS) 1. Type of Well: Oil Well Gas \	Vell □ Other SWD	8. Well Number
2. Name of Operator		9. OGRID Number not alail
3. Address of Operator)WICES, IIIC.	10. Pool name or Wildcat
2515 MCKINNY Ave Ste 90	n Dallas TX 75201	SWD; San Andres
4. Well Location		
Unit Letter A: Ubb feet from the MOY+ line and Ubb feet from the COS+ line		
Section 36 Township 75 Range 316 NMPM County Chaves		
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: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
		RILLING OPNS. P AND A
PULL OR ALTER CASING MUI	LTIPLE COMPL CASING/CEMEN	NI JOB
_	no.	IT - retest X
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.		
Performed re-test on 10/19/2012 With Sylvia Dickey		
Of OCD present.		
Of OCD Preservi.		
-see attached chart		
J.C. 00010 101 000 1		
Spud Date:	Rig Release Date:	
I hereby certify that the information above	is true and complete to the best of my knowled	ga and haliaf
Thereby certify that the information above	is true and complete to the best of my knowled	ge and benef.
1/1/1/		
SIGNATURE / M JO	TITLE Executive VP and Direct	or of E&P DATE 10/30/2012
Type or print name <u>Tommy W. Folsom</u> E-mail address: <u>tommy@redmountainresources.com</u> PHONE: <u>2148710400</u>		
For State Use Only		
APPROVED BY:		
		NOV 0 5 2012
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