Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resourc	es May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	-	WELL API NO.
District II	OIL CONSERVATION DIVISION	N 30-025-36833
1301 W. Grand Avc., Artesia, NM 88210 District III		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE 🔼 FEE 🗌
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fc, NM		300205
87505	ICEG AND DEPORTS ON HIER AS	300385
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS ISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)		EAST HOBBS SAN ANDRES UNIT
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 3/D
2. Name of Operator	0	9. OGRID Number
MKENA	RESOURCES, FNC.	220420
3. Address of Operator		10. Pool name or Wildcat
1 4920 5 LEWIS S	ruite 107 TUSA OK. 741	EAST HOBBS (SAN-ANDRES
4. Well Location	01101011011011	FAST HEDDS (>ANI "TINAKES
	2340 feet from the South line ar	nd 120 feet from the EAST line
Section 30	Township 185 Range 398	
	11. Elevation (Show whether DR, RKB, RT, G	R, etc.)
A TOTAL OF STREET	3604	
Pit or Below-grade Tank Application 🔲 o	r Closure [_]	
Pit typeDepth to Groundw	aterDistance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: Volume bb	ols; Construction Material
12 (1)		
12. Check A	Appropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF IN	ITENTION TO:	CURCEOUENT DEPONT OF
PERFORM REMEDIAL WORK		SUBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL	
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CI	EMENT JOB
OTHER: DRILLING Pits	nter oruge	_
12 Describe man and an annual services	OTHER:	
13. Describe proposed or comp	leted operations. (Clearly state all pertinent deta	ails, and give pertinent dates, including estimated date
		ns: Attach wellbore diagram of proposed completion
or recompletion.	NSION FOR COVERI	
0.71	Las I Top College	NO DOSIL NO PTC
HAL EXTE	MSION POR COVERT	NY DRIVING 1113
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1000	of EXCESSIVE RATE	nl.
ECAUSE 8	of excessive My	70.
2500	U	
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71 1 100 100 100		
I hereby certify that the information	above is true and complete to the best of my known	owledge and belief. I further certify that any pit or below-
grade tank has been will be constructed or	cioseu according to NMOCD guidelines [], a general per	rmit or an (attached) alternative OCD-approved plan .
SIGNATURE CA , m	Title Product	tion Formon DATE 1/7/2005
J. J		UA 1 0 100 DATE ////0003
A (/	1 .	
Type or print name	1 /	Talanhana Na 505 621-4113
Type or print name Danny For State Use Only	1 /	Telephone No. 505-631-4113
Type or print name Panny For State Use Only	1 /	Telephone No. 505-631-4113
For State Use Only APPROVED BY:	1 /	Telephone No. 505-631-4113 DATE 6/17/2008