Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
Office  District 1 - (575) 393-6161  1625 N. French Dr., Hobbs, NM 88240  District II - (575) 748-1283  811 S. First St., Artesia, NM 88210  District III - (505) 334-6178  District III - (505) 334-6178	Revised August 1, 2011
District II – (575) 748-1283	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87440	30-025-01037 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aziec, NM 87440 1220 South St. Francis Dr.	STATE FEE
	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	State C AC 1
1. Type of Well: Oil Well Gas Well Other SWD	8. Well Number 4
2. Name of Operator	9. OGRID Number: 20165
Samson Resources Company	4. OOKID Namoer. 20105
3. Address of Operator	10. Pool name or Wildcat: SWD Devonian
Two West Second Street, Tulsa, OK 74103	
4. Well Location	
Unit Letter M : 660 feet from the South line and 660 feet from the West line  Section 2.2 Township 128 Range 33E NMPM Leas County	
Section 2 Township 12S Range 33E NMPM Lea County  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	
TEMPORARILY ABANDON	
PULL OR ALTER CASING	
DOWNHOLE COMMINGLE	
OTHER: OTHER: Annu	ual Bradenhead Test
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.	
1-16-2013: Bradenhead Test Conducted - Passed; Not Witnessed; The following pressures were reported to and approved	
by Sylvia Dickey with NM OCD:	
Tubing Pressure: 140 psi Production Casing Pressure: 0 psi	
Surface Casing Pressure: 0 psi	
Intermediate Casing Pressure: 0 psi	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Thereby certify that the information above is true and complete to the best of my knowledge and benefit	
SIGNATURE Carle TITLE: Senior Environmental Specialist DATE / 3	
Type or print name Craig Crowder E-mail address: ccrowder@samson.com_PHONE: 918-591-1366	
Type of print name Craig Crowder & man accross. Coronder Control Contr	
For State Use Only	
APPROVED BY CANONICALITY DATE -24 2013	
Conditions of Approval (il any):	
Conditions of Application (1997)	