Submit 1 Copy To Appropriate District Office Fines	State of New Mexico gy, Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240BS OCD	gy, Minieral's and Ivacular resources	WELL APINO,
District II = (575) 748-1283 811 S: First St., Artesia, NM 88210	L CONSERVATION DIVISION	30 009 20023
District III - (505) 334-6178 MAR 1 5 2013	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE (x)
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S., St. Francis Dr., Santá Fe, NM 87505 RECEIVED		
SUNDRY NOTICES AND (DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "APPLICATION FOR	ILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
PROPOSALS:)		
I. Type of Well: Oil Well Gas Well	Other .	8. Well Number 1
2. Name of Operator CurryTex, LLG	/	9. OGRID Number 294149
Dallas, TX 7523	tral Expressway; Suite 1350	10: Pool name or Wildcat Wildcat, Santa Rosa
4. Well Location		
Unit Letter 0 : 330	_leet from the line and	NMPM curry County
Section 23	Township 5N Range 32E ation (Show whether DR: RKB, RT, GR, etc.	
4633 GL		
12. Check Appropria	ate Box to Indicate Nature of Notice	, Report of Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
		RILLING OPNS PAND A
PULL OR ALTER CASING MULTIPI	LE COMPL CASING/CEMEN	NI JOB
	. Was a d	L 17
	ations. (Clearly state all pertinent details, and RULE 19.15.7,14 NMAC. For Multiple Co	nd give pertinent dates, including estimated date ompletions: Attach wellbore diagram of
,		1614-1618! w/ 2 spf. Swab Dry
1/4/2013: Perforate 1414 to 1425 and 926-936' w/ 2 spf. Acidize 1614-18, 1414-25		
and 926 to 936' with 1000 gallons 15% NeFe each using packer and plug.		
1/5 to 8/2013: Swab test zones recovering about 100 bbls water per day with no		
_	 Each morning the tubin uid level was approximatel 	g and casing was on a vaccuum ly 1500' from surface.
Spud Date: 12/11/2012	Rig Release Date: 12/17/2012	
I hereby certify that the information above is true	ue and complete to the best of my knowled	ge and belief.
SIGNATURE	TITLE Agent	DATE 3/14/2013
Type or print name For State Use Only	E-mail address:pwiv@zianet	com PHONE: 575 626 7660
APPROVED BY	TITLE DET MA	DATE 3-18-2013
Conditions of Approval (if any):	111111111111111111111111111111111111111	DATE -/ 6-CUE

MAR I