Submit 1 Copy To Appropriate District Office
District I – (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
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED
APR 15 2013
HOBBSOCD

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August , 2011

WELL API NO. 30-025-21230
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

7. Lease Name or Unit Agreement Name: State A
1. Type of Well: Oil Well [ ] Gas Well [X] Other
8. Well Number 1
2. Name of Operator: Bruce A. Wilbanks Co.
9. OGRID Number 120246
3. Address of Operator: 505 N. Big Spring St. Suite 500 Midland TX 79701
10. Pool name or Wildcat: Stateline Ellenburger 57510
4. Well Location
Unit Letter H : feet from the line and feet from the line
Section 5 Township 24S Range 38E 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 | [X] | CHANGE PLANS | [ ] | COMMENCE DRILLING OPNS. | [ ] | P AND A | [ ] |
| PULL OR ALTER CASING | [ ] | MULTIPLE COMPL | [ ] | CASING/CEMENT JOB | [ ] | | |
| DOWNHOLE COMMINGLE | [ ] | | | | | | |
| 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.

A Note !! 6mo. Extension Only –
NEED to RETURN TO PROD-
OR P/A

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] TITLE Filing Agent DATE 4/15/13

Type or print name Kyle Christopher E-mail address: Kyle@wilbanksranch.com PHONE: 432-440-9425

For State Use Only

APPROVED BY [signature] TITLE Dist. Mgr DATE 4-15-2013

Conditions of Approval (if any):

APR 16 2013