Submit 3 Copies To Appropriate District Office	State of New Mo		,	Form C-103
District I	Energy, Minerals and Natu	iral Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION	NDIVISION	30-025-0701	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fra		5. Indicate Type of Leas	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505	STATE _	FEE x
1220 S. St. Francis Dr., Santa Fe, NM 87505		_	6. State Oil & Gas Leas	e 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			7. Lease Name or Unit Agreement Name: FF HARDISON	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2. Name of Operator			9. OGRID Number	
3. Address of Operator			005380 10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701			BLINEBRY	
4. Well Location	Transfer and the second of the			
Unit Letter B	feet from the 1	N line and	1980 feet from the	E line
Section (34		Range 37E		unty LEA
	11. Elevation (Show whether	DR, RKB, RT, GR, et	c.)	
T2. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other Data	
NOTICE OF INT	ENTION TO	SUB	SEQUENT REPOR	T OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILL			AND A
		CASING/CEMENT J		AND A
PULL OR ALTER CASING	MULTIPLE COMPL.	CASING/CEMENT J	ОВ <u>,</u>	
OTHER: TA Extension	X	OTHER:		
13. Describe proposed or complete of starting any proposed work). or recompletion.	d operations. (Clearly state all persons SEE RULE 1103. For Multiple			
	e to request a 6-month TA	extension pending	a good chart due to	internal
reservoir approval to PxA	h.	- Children		
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Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information:	above is true and complete to the	best of my knowledg	e and belief.	
A. a. s	AAA		TALL TALL TO A CONTROL OF THE	
SIGNATURE LAWY WILL	Fablical TIT	The transfer of the state of th	ry Analyst DAT	E 07/31/2013
Type or print name STEPHANIE RAB	ADUE E-m	stephanie rabadue@ nail address:		NE 432-620-6714
For State Use Only		~ /	. ~	7
APPROVED BY Conditions of Approval (if any)	myster II	TLE	DATE	7-31-2013
Constitution of the transfer			AUG 0	<u>1</u> 2013.