Submit 1 Copy To Appropriate District OBBS OCD State of New Mexico	Form C-103
District 1 Energy, Minerals and Natural Resources	October 13, 2009
District II 0 2 2013	WELL API NO. 30-025-26734
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 RECEIVED Santa Fe, NM 87505	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	Aztec 27 State
PROPOSALS.)	8. Well Number 0001
1. Type of Well: Oil Well Gas Well Other	
2. Name of Operator	9. OGRID Number
Finley Resources Inc  3. Address of Operator	10. Pool name or Wildcat
1308 Lake Street Fort Worth, TX 76102	Eumont: Yates-7 Rivers-Queen
4. Well Location	
Unit Letter K : 1980 feet from the North line and 1980 feet from the West line	
Section 27 Township 20S Range 36E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3588 RKB	
	0.1 5
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK	
TEMPORARILY ABANDON	<del></del>
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT	JOB 🗆 ·
DOWNHOLE COMMINGLE	_
OTHER: MIT Wate ) 3Mo. (DNY \ \ OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
proposed completion of recompletion.	
Finley would like to conduct an MIT on the Aztec 27-1 for 9 A.M.	on 07/03/2013.
$\cdot$	
Spud Date: Rig Release Date:	
Adg Kolouso Dutc.	
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
$M = C_{1} + C_{2}$	
SIGNATURE / TITLE Regulatory Analyst	D 4 TFF 0 T (00 (00 ) 0
TILE REGULATORY MINITISE	DATE 07/02/2013
Type or print name April Wilkerson E-mail address: awilkerson@finleyr	resources.com PHONE: 817-231-8735
For State Use Only	
APPROVED BY TITLE DET MAN	DATE -3-2013
Conditions of Approval (if any):	DATE - 20/5