

Submit 1 Copy To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

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

WELL API NO. 30-025-04380
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 32213
7. Lease Name or Unit Agreement Name State E 33
8. Well Number 2
9. OGRID Number 180387
10. Pool name or Wildcat

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Finley Resources, Inc	
3. Address of Operator 1308 Lake Street Fort Worth, TX 76102	
4. Well Location Unit Letter _____ : 660 feet from the North line and 990 feet from the West line Section 33 Township 20S Range 36E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3600 GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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) RU Drill-out cmt plug fr/ 147' to 1,430', circ & clean out to CIBP, 43700.
2) 61H w/ PKR to isolate csg leak, leak found @ 450'.
3) RU cementers, pumped 200 sxs cmt, pressured up. WOC 2 days.
4) Drilled out cmt, test csg & had leak off. RIH w/ PKR & isolate holes at 291' to 345' and 1350'.
5) RU cementers, pumped 200 sxs cmt, displaced w/ 6 bbls H₂O. SIFW
6) Drilled out cmt fr/ 200' - 1362', test csg 500 psi lost 120 psi, csg leak at 580'.
Start Date: 7/1/13 Rig Release Date: 7/25/13 Plan to plug well!

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

SIGNATURE April Wilkerson TITLE Regulatory Analyst DATE 7/26/2013
Type or print name April Wilkerson E-mail address: awilkerson@finley PHONE: 817-231-8735
For State Use Only
APPROVED BY: [Signature] TITLE DIST. MGR DATE 8-7-2013
Conditions of Approval (if any):

AUG 07 2013