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Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	ON CONCEDIVATION DIVIGION	30-025-26734
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE TEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
1	ES AND REPORTS ON WELLS LS 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.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 0001
2. Name of Operator		9. OGRID Number
Finley Resources Inc		180387
3. Address of Operator		10. Pool name or Wildcat
1308 Lake Street Fort Wort 4. Well Location	h, TX 76102	Eumont: Yates-7 Rivers-Queen
Unit Letter K : 19	980 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, et	
British Control	3588 RKB	
12. Check App	propriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTE	ENTION TO: SU	BSEQUENT REPORT OF:
	PLUG AND ABANDON ☐ REMEDIAL WO	
TEMPORARILY ABANDON 🗍 (CHANGE PLANS 🔲 COMMENCE D	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: MIT	· · · · · · · · · · · · · · · · · · ·
	ed operations. (Clearly state all pertinent details,	and give pertinent dates, including estimated date
of starting any proposed work proposed completion or recom). SEE RULE 19.15.7.14 NMAC. For Multiple Copletion.	Completions: Attach wellbore diagram of
Finley Resources has cond	ucted an MIT on this well and attache	d is the chart.
		HOBBS OCD
		JUL 2 2 2013
		RECEIVED
Spud Date:	Rig Release Date:	
I hereby certify that the information abo	ove is true and complete to the best of my knowled	dge and helief
	A	age and benefit
SIGNATURE AND INC.	TITLE Regulatory Analy	rst DATE
SIGNATURE FILL TO VOID	W IIIEL Regulatory Imary	DATE
Type or print name April Wilkers	on E-mail address: awilkerson@fin	PHONE: 817-231-8735
For State Use Only		· ————————————————————————————————————
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		
	Demison Wron	g type of FER # 0 201
		FFA # 0 20
	•	Crarl 129



