

Submit 3 Copies 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  
 Revised June 10, 2003

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

WELL API NO. 30-025-34070
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-1392
7. Lease Name or Unit Agreement Name STATE 16
8. Well Number 1-Y
9. OGRID Number 21566
10. Pool name or Wildcat Sawyer West MARROW

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
 Oil Well  Gas Well  Other

2. Name of Operator  
 STEARNS

3. Address of Operator  
 HC 65 Box 988, Crossroads, NM 88114

4. Well Location  
 Unit Letter P : 330 feet from the South line and 940 feet from the EAST line  
 Section 16 Township 9S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

RECEIVED  
 DEC 15 2014

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>MIT</u> <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Plan the week of Dec. 15, 2014 to do a MIT on well. Will call OGD 1 day in advance.

RECORD ONLY

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

SIGNATURE John R. Stearns TITLE owner DATE 12-12-2014  
 Type or print name John R. Stearns E-mail address: Telephone No. 575 369-5015  
 (This space for State use)

APPROVED BY Bil Samanah TITLE Staff Manager DATE 12/16/2014  
 Conditions of approval, if any:

DEC 17 2014