Submit 3 Copies 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		30-025-37455
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
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.)		7. Lease Name or Unit Agreement Name Grande Quadshot 19
1. Type of Well: Oil Well	Gas Well X Other	8. Well Number 1
2. Name of Operator David H. Arrington Oil & Gas, In		9. OGRID Number 5898
3. Address of Operator PO Box 2071		10. Pool name or Wildcat
Midland,	ΓΧ 79702	Wilcat Morrow
4. Well Location		Wilder Monor
Unit Letter_G :	1980 feet from the N line and 16	feet from the E line
Section 19 Township 18S Range 35E NMPM CountyLea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3900' GR Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwa		stance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	
OTHER		
	OTHER:Drilling leted operations. (Clearly state all pertinent details, arrk). SEE RULE 1103. For Multiple Completions: A	
4/22/06: RU and drill to 26'.		
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I hereby certify that the information a grade tank has been/will be constructed or	above is true and complete to the best of my knowleds closed according to NMOCD guidelines , a general permit	ge and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE (Noto)	TITLE Agent	DATE 04/24/2006
Type or print name Debbie Freeman For State Use Only		APR 2 8 2006
APPROVED BY: Hause Conditions of Approval (if any)	TITLE TELD REPRESENTA	ATIVE II/STAFF MANDAFFE
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