Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised June 10, 2003	
1625 N. French Dr., Hebbs, NM 88240	h Dr., Hebbs, NM 88240		IL API NO.	
District II			025-22788	
District III 1220 South St. Francis Dr.		1 7 1	Indicate Type of Lease	
1000 Dia Desaras Dd. Aztas, NRJ 97410		1	STATE FEE	
District IV Santa Fe, NM 87505		/505 6. 8	State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Souse I wante of Ollit 1 igrocition 1 willion	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			nry	
PROPOSALS.)			Well Number	
1. Type of Well:			VV OII I VAIIIOOI	
Oil Well				
2. Name of Operator			OGRID Number	
Ralph C. Bruton			687	
3. Address of Operator			Pool name or Wildcat	
3500 Acoma, Hobbs, NM 88240		LM	- SR- Queen - GRB	
4. Well Location				
Timis I associate W	1980 feet from the South	n line and 1980	feet from the West line	
Unit Letter K :	19801eet from theSouth	1760	ica nom uswestins	
Section 26	Township 25S	Range 37E	NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3019 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBS			UENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND		
1 OLL ON ALTER GAGING	COMPLETION	CEMENT JOB		
			-	
OTHER:		OTHER:		
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.				
1. Test anchors. TIH with 2 3/8" tubing. Clean 4 ½" casing to 3300'.				
2. Run pump and rods. Run flowline and place well on production.				
2. Tem pump and rous. Tem nowanic and passes were on procastion.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
That day during and place production to the desired at the second at the place of the desired and desired.				
SIGNATURE / Service	TITLE C	wner/Operator	DATE <u>11/6/06</u>	
7		_		
Type or print name Ralph C. Brut	ton E-mail addre	ss: tgray@valornet.com	Telephone No. 505-390-0366	
(This space for State use)			V6	
ADDDDOVED BY	I which TITLE		AAANATE	
APPPROVED BY Navy L. Conditions of approval, if any	A WILLE	TIV	NOV 1 7 200 R	
Committees or approvar, it stry		TITLD REPRESENTATIVE	I 1 12000	
	OC	FIELD REPRESENTATIVE		