

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

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

Form C-103
May 27, 2004

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.)		WELL API NO. 30-025-04366
1. Type of Well: Oil Well ☒ Gas Well ☐ Other Injection		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator Finley Resources, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 1308 Lake Street, STE 200, Fort Worth, TX 76102		7. Lease Name or Unit Agreement Name Magruder
4. Well Location Unit Letter <u>I</u> : <u>1650'</u> feet from the <u>South</u> line and <u>990'</u> feet from the <u>East</u> line Section <u>28</u> Township <u>20S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>4</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3609' GR</u>		9. OGRID Number <u>18037</u>
Pit or Below-grade Tank Application ☐ or Closure ☐		10. Pool name or Wildcat <u>Eumont Yates</u>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance 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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT ☐

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.

MIRU Basic Well Service (Ignacio Alvarado - Operator). Long stroke well. Well pumping. Change out polish rod liner. Pack stuffing box. RDMO. Return to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Jim Nance TITLE Western District Manager DATE 11/13/06

Type or print name Jim Nance

E-mail address: jim.nance@finleyresources.com Telephone No. 817-231-8727

For State Use Only

APPROVED BY: Larry W. Wink

Conditions of Approval (if any):

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE _____ DATE _____

