Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-37954
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1 C, 14141 67303	6. State Oil & Gas Lease No.
SUNDRY NOTIC	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	77 00 1
PROPOSALS.)		Hansen State
	Gas Well 🛛 Other	8. Well Number 10
2. Name of Operator Plantation Operating, LLC		9. OGRID Number 237788
3. Address of Operator 2203 Timberloch Place, Suite 22	9, The Woodlands, TX 77380	10. Pool name or Wildcat Eumont (Yates-7 Rivers-Queen) (Gas)
4. Well Location Unit Letter A: 705	feet from the North line and 660	foot from the Foot line
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Section 16	Township 20S Range 37E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3555' GR	,
Pit type Poth to Crowdwater Pitters from a control		
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		
TEMPORARILY ABANDON	PLUG AND ABANDON	ILLING OPNS.⊠ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB
OTHER:	☐ OTHER:	П
 Describe proposed or comple of starting any proposed work or recompletion. 	ted operations. (Clearly state all pertinent details, and c). SEE RULE 1103. For Multiple Completions: At	d give pertinent dates, including estimated date tach wellbore diagram of proposed completion
Move in and rig up Select Well Service Rig #1. Spud 9-7/8" hole at 0600 hrs on 9/26/2006. Notified OCD Hobbs, NM of spud.		
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		(6)
I hereby certify that the information ab grade tank has been/will be constructed or old	ove is true and complete to the best of my knowledgesed according to NMOCD guidelines [], a general permit []	e and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan
SIGNATURE Kimberly	TITLE Production	
Type or print name Kimberly Faldy	n F-mail address: kfaldyn@nlantatio	nnetro com Talenhone No. 281 206 7222
For State Use Only		
APPROVED BY: Jam W.	Winds, TITLE	VE IL/STAFF MANARATE NOV 2 3 200
Conditions of Approval (if any):		