Submit 3 Copies To Appropriate District Office		ew Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	energy, Minerals an	nd Natural Resources	WELL API NO.	May 27, 2004	
District II	OIL CONSERVATION DIVISION				
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type	of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE S FEE		
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		o. state on & d	as Lease 140.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name of	r Unit Agreement Name	
(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				0. 1. 22 51 4. 5	
PROPOSALS.)				Osudo 32 State Com 8. Well Number	
1. Type of Well: Oil Well			8. Well Number #1		
2. Name of Operator			9. OGRID Number		
Samson Resources Company			20165		
3. Address of Operator 200 N. Loraine Sreet, Suite 1010; Midland, TX 79701			10. Pool name o	r Wildcat	
4. Well Location					
Unit Letter I : 1980 feet from the South line and 1100 feet from theEast line					
Section 32	Township 20S		NMPM	Lea County .	
	11. Elevation (Show when 3618'	ther DR, RKB, RT, GR, etc	:.)		
Pit or Below-grade Tank Application		······································			
Pit type liner Depth to Groundwat	er 100' Distance fro	om nearest fresh water well <u>l r</u>	nile Distance from n	erest surface water_5 miles	
Pit Liner Thickness: 12	mil Below-Grade Tank: V	olumebbls; Con	struction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	SSEQUENT RE				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORLD TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				ALTERING CASING P AND A	
PULL OR ALTER CASING		CASING/CEMEN	··- =		
			_	_	
OTHER:		OTHER:	od oise nertinent dat	ec including estimated date	
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.					
Move location;					
From: 1980' FSL, 660' FEL, Section 32 - T20S - R36E					
To: 1980' FSL, 1100' FEL, Section 32 - T20S - R36E					
				•	
701 Y 1'1					
Please Expedit					
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 T. Bolitt	Sor Duke Touston	ILE Landman		DATE 1/4/2007	
Type or print name Duke	Roush (E-ma	ail address: droush@sam	son.com Telepho	one No. (432) 683-7063	
For State Use Only	, '	ū	•	IAM 1 P 2007	
A BOD OLUTO THE	7,11 . 1	DISTRICT SUPERVISOR TLE	JUENEKAL MAN	Medical R	
APPROVED BY: //// (Conditions of Approval (if any):	11.	1LE		_DATE	