Submit 3 Copies To Appropriate District Office District 1	State of New Mexico Energy, Minerals and Natural Reso	Form C-103 burces May 27, 2004
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO.
1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVIS	5 Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE X
District IV .1220 S. St Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR USE "APPLI	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK CATION FOR PERMIT" (FORM C-101) FOR SUCH	TO A 7. Lease Name or Unit Agreement Name Denton SWD
PROPOSALS) 1. Type of Well: Oil Well	Gas Well Other SWD	8. Well Number 3
2. Name of Operator Fasken 011 and Ranch,		9. OGRID Number 151416
3. Address of Operator		10. Pool name or Wildcat
4. Well Location	1800 Midland, TX 79701	SWD; Wolfcamp-Penn-Miss-Devonian
		ne and 330 feet from the West line
Section 12	Township 15S Range 3	37E NMPM County Lea
	11. Elevation (Snow whether DR, RAB, R	i, GR, etc.)
Pit or Below-grade Tank Application 0		
		Distance from nearest surface water
Pit Liner Thickness: mil	Marie Control of the	bbls; Construction Material
12. Check A	Appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON (PULL OR ALTER CASING DEC.)	PLUG AND ABANDON REMEI CHANGE PLANS COMM	SUBSEQUENT REPORT OF: DIAL WORK
OTHER: Change lease name	and well number 🔏 OTHER).
13. Describe proposed or comp	leted operations. (Clearly state all pertinent	details, and give pertinent dates, including estimated date etions: Attach wellbore diagram of proposed completion
		number the subject well from the ton SWD No. 3 (property code 303195).
OPER. OGRID NO. 15 PROPERTY NO. 36 POOL CODE 961 EFF DATE 961 API NO. 30-025-	51416 23195 27 05306	\$252 128 29 30 37 32 56 78 970 10 10 10 10 10 10 10 10 10 10 10 10 10
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grade tank has been/will be constructed or	closed according to NMOCD guidelines [], a genera	knowledge and belief. I further certify that any pit or below-
SIGNATURE MULLY) arlie TITLE Regular	tory Affairs Coor. DATE 7/19/07
Type or print name For State Use Only	E-mail address:	Telephone No. 432.687-17
APPROVED BY: Nus Conditions of Approval (if any):	Sellian THE CUPERVISC	OF IERAL MANAGER DATE