Submit's Copies to Appropriate District Office District I	State of Neŵ Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO. 30–025–05283
1301 W. Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St Francis Dr , Santa Fe, NM	Santá Fe, NM 87505	6. State Oil & Gas Lease No.
8/505		
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name
I. Type of Well: Oil Well	Gas Well Other SWD	8. Well Number 6
2. Name of Operator Fasken Oil and Ranch,	Ltd.	9. OGRID Number 151416
3. Address of Operator		10. Pool name or Wildcat
303 West Wall, Suite	1800 Midland, TX 79701	Denton; Wolfcamp SWD: Pen
4. Well Location	1980 feet from the South line and	
Section 11	Township 15s Range 37E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
Pit or Below-grade Tank Application D		
	aterDistance from nearest fresh water wellDistance	
Pit Liner Thickness: mil		onstruction Material
12. Check A	appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
PULL OR ALTER CASING TO MULTIPLE COMPL		
OTHER: Change rease name and werr number A 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.		
	Ltd. proposes to rename and number t perty code 302797) to the Denton SWD	
		Con the state of the second
OPER. OGRID NO. 15	141b	
OPER. OGHID INC.	3195	12 on the T
OPER. OGRID NO. 15 PROPERTY NO. 30	3	ALL AND ALL N
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TE DATE -104	- for the state of	\$7110168L951
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APINO.		
I hereby certify that the information a grade tank has been/will be constructed or c	bove is true and complete to the best of my knowledge losed according to NMOCD guidelines , a general permit	and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE HUMENT	TITLE Regulatory Aff.	
Type or print name For State Use Only	E-mail address:	Telephone No. 432-687-7777
		JAN 0 4 2008
APPROVED BY:	Ulliam OC DISTRICT SUPERVISOR	DATE
Conditions of Approval (if any):		
x		

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