Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
District I 1625 N French Dr., Hobbs, NM 88240	Elicigy, Millerais and Natural Resources	WELL API NO. 30-025-28877
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505		NM 743
SUNDRY NO (DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPI	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name ARCO STATE
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well A Other	8. Well Number 2
2. Name of Operator	Energy Resources, LP	9. OGRID Number 190595
3. Address of Operator 110 N. Midland	Marienfeld, Ste 200 l, TX 79701	10. Pool name or Wildcat JALMAT (Y-SR)
4. Well Location	<u> </u>	
Unit Letter I : 1650 feet from the SOUTH line and 330 feet from the EAST line		
Section 3	Township 22S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR,	NMPM CountyLEA
3600 GR Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: m		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 REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
	_	
	OTHER:	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
This well woll be TA'd with a CII	3P being set at 3800' w/35' cement on top.	
receved		
		APR 1 8 2008
		HORRE OLD
Conditions of Approval: No 24 hours prior to running the	-	
2,7704.0 proof to take any	, ,	
Lhereby certify that the information	n above is true and complete to the best of my knowl	edge and helpef. I further cortify that any nit or below
	or closed according to NMOCD guidelines , a general permi	
SIGNATURE / OF	TITLE Regulatory Analys	DATE 04/16/2008
Type or print name Jenifer Sorley For State Use Only	E-mail address: Jenifer@	eeronline.com Telephone No. (432)262-4014
	OC DISTRICT SUPERVIS	OR/GENERAL MANAGER A DE
For State Use Only APPROVED BY: Conditions of Approval (if any): APPROVED BY: APPROVED BY: APPROVED BY: Conditions of Approval (if any): APPROVED BY: APPROVED BY:		