Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I' 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-005-20267
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St Francis Dr., Santa Fe, NM 87505			2807559
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS)			7. Lease Name or Unit Agreement Name Cato San Andres Unit /
1. Type of Well: Oil Well 🖂 Gas Well 🖂 Other			8. Well Number 138
2. Name of Operator / MAY 1 5 2008			9. OGRID Number
Cano Petro of New Mexico, Inc. 3. Address of Operator 801 Cherry Street Unit 25 Suite 3200 Fort Worth Texas 761023			248802 10. Pool name or Wildcat Cato, San Andres
4. Well Location			
Unit Letter <u>L</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line			
Section 22 Township 8S Range 30E NMPM County Chavez 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
GR 4139			
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: mil Below-Grade Tank: Volume bbls; 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 TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
OTHER:		OTHER: SWAB	⊠
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.			
SWAB TREST TO EVALUATE WELL			
ON 3/14/08 SWAB 4HRS 1BBL			
ON 3/15/08 SWAB 4HRS 1BBL			
			received
			MAY Z 1 2008
			and and
			HUBBOUCE
I hereby certify that the information a	bove is true and complete to the bes	t 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 (CHACLE)	TITLE_Re	gulatory Coordina	torDATE
Type or print name For State Use Only	E-mail add		Telephone No.
APPROVED BY: Mus U Conditions of Approval (if any):	Ellian TITLE	SUPERVISOR/GE	HERAL MANAGER DATE 1 1 4 2008