Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-24344
1301 W Grand Ave., Averes 13 NM 8 2400	OIL CONSERVATION DIVISION	7. Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE   FEE
1000 Rio Brazos Rd. Aztec, NVI 87410 District IV	Santa Fe, NM 87505	7. State Oil & Gas Lease No.
	To chart! Ca	
	ES AND REPORTS ON WELLS	7 Lease Name or Unit Agreement Name
	LLS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	/ Lease Name of Omt Agreement Name
	TION FOR PERMIT" (FORM C-101) FOR SUCH	SFPRR
PROPOSALS.)  1. Type of Well: Oil Well	as Well Other SWD	8. Well Number 15
2. Name of Operator	as won out of	9. OGRID Number
	and Gas Corporation	151228
3. Address of Operator	•	10. Pool name or Wildcat
PO Box 51	55 Santa Fe, NM 87502	SWD; San Andres
4 Well Location		
<u> </u>	00 feet from the North line and 2	2121 feet from the East line
Section 34	Township 9S Range 37E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12. Check Ap	opropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INT	ENTION TO	
NOTICE OF INT		BSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WO CHANGE PLANS COMMENCE DI	
	CHANGE PLANS COMMENCE DI MULTIPLE COMPL CASING/CEME	RILLING OPNS. P AND A
DOWNHOLE COMMINGLE	WIGHT EE COM E CAONS/CEME	N 30B
BOWN IOLE COMMINICALE		
OTHER:	OTHER: Repla	ce packer and tbg
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.		
Pull and replace packer and 2 3/8" IPC tbg Notify Maxey Brown with NMOCD		
Declared 40106 Displace series with respect to the series of the series		
Pressure test casing x tbg annulus to 380psi for 30 minutes – OK Return well to disposal service  Original Pressure Chart Attached – Meter was calibrated 3/6/2008		
Return well to disposal service		
Original Pressure Chart Attached – Meter was calibrated 3/6/2008		
<u> </u>		
Spud Date	Rig Release Date:	
I hereby certify that the information at	ove is true and complete to the best of my knowled	lge and belief.
	$ \mathcal{O} $	
Bill 9 t	/	
SIGNATURE Belly 6.1	rubuu TITLE Foreman	Date 8/6/08
Type or print name Billy E Prichard		-390-9100
For State Use Only	Eman <u>umy@pwnc.net</u> PHUNE 5/5	-J7V-71UU
20. State Cot Only		
APPROVED BY:	ITLE_	DATE
Conditions of Approval (if any):		