Submit 3 Copies Tu Spiropate District State of New Mexico	Form C-103
Submit 3 Copies Total property at a district State of New Mexico Office District I 1625 N. French Dr., Hobbs Nin 18240 District II	Resources Revised June 10, 2003
1625 N. French Dr., Hobbs Nix 88240 District II	WELL API NO. 30-025-22788
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DI	VISION 5 Indicate Type of Leace
District III 1220 South St. Francis 1000 Rio Brazos Rul 221 FM 8740	Dr. STATE FEE 🛛 🗸
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SU	
PROPOSALS.) 1. Type of Well:	8. Well Number
Oil Well Gas Well Other	4
2. Name of Operator	9. OGRID Number
Intrepid Operating LTD, Co.	018687
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 3197, Hobbs, NM 88241 4. Well Location	LM – SR- Queen - GRB
Unit Letter K : 1980 feet from the South	line and1980feet from theWestline
Section 26 Township 25S Rang	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3019 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON RE	MEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	MMENCE DRILLING OPNS. PLUG AND ABANDONMENT
	SING TEST AND
OTHER:	HER: Return to Production
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.	
1. Test anchors. TIH with 2 3/8" tubing. Clean out 4.5" casing to 3400'.	
2. Acid stimulate 3100 to 3232 w/2000g 15% NEFE HCL acid.	
3. RIH w/production equipment.	
4. Well shut down waiting on electric meter.	
Rig Up Date: 10/06/2008	
Rig Down Date: 10/09/200\(\frac{\partial}{2}\)	
I hereby certify that the information above is true and complete to the best of	my knowledge and belief.
SIGNATURE Robert Silvert TITLE Owner	/Operator DATE 10/00/2009
THE OWNER	Operator DATE 10/09/2008
Type or print name Robert Gilbert E-mail address: robsky73@mywdo.com Telephone No. 505-390-0690	
(This space for State use)	0.0 7.7 0000
PETRO	LEUM ENGINEER OCT 10 2008
APPPROVED BY TITLE DATE Conditions of approval, if any:	