Submit 3 Copies To Appropriate District Office District I 1625 N French Dr., Hobbs, NM 88240 State of New Mexico REPUBLIANT AND ADDRESS AND NATURAL Resources	Form C-103 June 19, 2008 WELL API NO.
District II 1301 W Grand Ave, Artesia, NM 88210 District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV 1220 S St Francis Dr, Santa Fe, NM 87505	5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
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) 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator	7. Lease Name or Unit Agreement Name Salado Brio Uk 8. Well Number 9. OGRID Number
3. Address of Operator P.O. Box 10460 Midland, Tx. 79702 4. Well Location Unit Letter A: 1305 feet from the North line and	10. Pool name or Wildcat (A) A A A A I I I I I I I I I I I I I I I
Section 20 Township 25 5 Range 37 E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3073	NMPM County Lea
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE	ILLING OPNS. P AND A
OTHER: Oner Ortes OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 1103. For Multiple Completions: At or recompletion.	tach wellbore diagram of proposed completion
Rig up Rig. POH with tubring. Run be bottom of covering POH. Run packer on a carring and run chart witnessed by Si	nork utring and test
Caring and run chart withered by	1 are 1 01/10/10
bit on 42 work over pige to 1100 10.	Cut of bit and
start somering ext of hole. Run 1658's string back in put back on produce	of 2% production
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
SIGNATURE STOP TITLE DISTRICT M	CANGE DATE 6/3/09
Type or print name Seve Practice E-mail address: State practice For State Use Only	
APPROVED BY: Conditions of Approval (if any):	RVISOR DATE JUN082009