Submit 3 Copies To Appropriate Office District I 1625 N. French Dr., Hobbs, NM District II 1301 W. Grand Ave., Artesia, N District III 1000 Rio Brazos Rd, Aztec, NM District IV 1220 S. St. Francis Dr., Santa Fe 87505 SUNDF (DO NOT USE THIS FORM FC DIFFERENT RESERVOIR. US PROPOSALS.) 1. Type of Well: Oil Wel 2. Name of Operator 3. Address of Operator	88240 87JUN 1 87JUN 1 WOBB RY NOTICION PROPOSA E "APPLICA" I G Cano Pet 801 Cher	Energy, Minerals CONSER' 9 2009 1220 Sout Santa F SOCO ES AND REPORTS O LS TO DRILL OR TO DEE	VATION h St. Frai e, NM 8' ON WELLS EPEN OR PL EM C-101) FO	I DIVISION Incis Dr. 7505	 5. Indicate Type STATE 6. State Oil & G 7. Lease Name of Cato S 8. Well Number 9. OGRID Num 10. Pool name of STATE 	of Lease FEE Sas Lease No. 2807559 or Unit Agreement Name an Andres Unit 27 ber 248802
4. Well Location						
Unit Letter	<u>F:</u>		· ·	line and		from the W_fine
Section	11	Township 11. Elevation (Show w		Range 30E	NMPM	County Chavez
KB 4149 Pit or Below-grade Tank Application or Closure						
		rDistance from ne	arest fresh v	vater well Dist	ance from nearest sur	face water
Pit Liner Thickness:	mil	Below-Grade Tank: Vo			nstruction Material	
	Check An	propriate Box to It	ndicate N	lature of Notice.	Report or Other	r Data
PERFORM REMEDIAL W TEMPORARILY ABANDO PULL OR ALTER CASING OTHER: 13. Describe proposed	ORK		y state all	REMEDIAL WORI COMMENCE DRI CASING/CEMENT OTHER: pertinent details, and	LLING OPNS. T JOB SWAB I give pertinent da	PORT OF: ALTERING CASING P AND A tes, including estimated date ram of proposed completion
Conducted a Swabbing Test to evaluate well.						
May 14, 2009 - swabbed well and made 2 bbl of oil and 10 bbls of water in 4hrs with a swabbing unit.						
May 15, 2009- swabbed well and made 1 bbl of oil an 13 bbls of water in 4 hrs with a swabbing unit.						
All oil and water made was hauled to battery 2 and pumped thru separator.						
I hereby certify that the information above is true and complete to the best 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 SIGNATURE TITLE Regulatory Coordinator DATE 4/8/09						
Type or print name		,	E-mail ad	ldress:	Т	elephone No.
APPROVED BY: Conditions of Approval (4)	W, x	Lø	_TITLEC	DISTRICT 1 SU	PERVISOR	DATH UN 2 3 2009

FOR RECORD ONLY