Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	tering the state of the state o		WELL API NO.	
1625 N French Dr., Hobbs, NECELVED District II 1301 W. Grand Ave , Artesia, NM 88210  OIL CONSERVATION DIVISION		30-00	05-10570	
District III JUN 1 9 2009 1220 South St. Francis Dr.		icis Dr.	5. Indicate Type of STATE	Lease FEE 🛛
1000 Rio Brazos Rd. Aztec NM X/410			6. State Oil & Gas	
District IV 1220 S St Francis Dr., Santa Fc, PBSOCD 87505				07559
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	Jnit Agreement Name
(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.)			Cato San Andres Unit	
1. Type of Well: Oil Well				59
2. Name of Operator			9. OGRID Number 248802	
Cano Petro of New Mexico, Inc.  3. Address of Operator 801 Cherry Street Unit 25 Suite 3200			10. Pool name or Wildcat	
Fort Worth Texas 761023. Address of Operator			Cato San Andres	
4. Well Location				
	$\underline{60}$ feet from the $\underline{S}$			the W_line
Section 10		ange 30E	NMPM	County Chavez
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4102				
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: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING   MU	LTIPLE 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.				
or recompletion.				
	11			
Conducted swabbing test to evaluate well.				
May 22, 2009- swabbed well and made 1 bbls of oil and 10 bbls of water with a swabbing unit for 4 hrs.				
May 23, 2009- swabbed well and made 1 bbls of oil and 9 bbls of water with a swabbing unit for 4 hrs.				
All oil and water made was hauled to battery 1 and pumped thru separator.				
I howard contifue that the information above	is two and complete to the b	act of may less ovel a doo	and baliaf as a	26.00.00.00.00.00
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 $\Box$ , a general permit $\Box$ or an (attached) alternative OCD-approved plan $\Box$ .				
CICHATURE OLITHIA Pha				10/0/10
SIGNATURE YELLE SHA	ITILE_I	Regulatory Coordina	tor	DATE (0/8/4)9
Type or print name	E-mail ad	dress:	Tele	phone No.
For State Use Only	1.			
APPROVED BY:	TITLE D	ISTRICT 1 SUF	PERVISOR	DATE JUN 2 3 2009
FOR RECORD ONLY				