

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88201
 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

State of New Mexico
 Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
 SEP 17 2009
HOBBSOCD
 220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 June 19, 2008

WELL API NO 30-005-20189
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Fed
6 State Oil & Gas Lease No.
7 Lease Name or Unit Agreement Name Cato San Andres Unit
8 Well Number 175
9. OGRID Number 248802
10. Pool name or Wildcat Cato, San Andres
11 Elevation (Show whether DR, RKB, RT, GR, etc.) 4127' GR

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
Cano Petro of New Mexico, Inc.

3. Address of Operator
801 Cherry Street Unit 25 Suite 3200 Fort Worth, TX 76102

4. Well Location
 Unit Letter F 1980 feet from the N line and 1980 feet from the W line
 Section 32 Township 08S Range 30E NMPM County Chavez

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Swab Well <input checked="" type="checkbox"/>	

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

Swab Test on May 3, 2009 Swabbed for 4hrs made 2 bbls of oil and 8 bbls of water.
 Swab on May 4, 2009 Swabbed for 4hrs made 2 bbls of oil and 6 bbls of water.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Cindy Chavez* TITLE Regulatory Coordinator DATE May 30, 2009
 Type or print name Cindy Chavez E-mail address _____ PHONE 817-698-0900
For State Use Only

APPROVED BY *Fanny M. Hill* TITLE DISTRICT 1 SUPERVISOR DATE SEP 21 2009
 Conditions of Approval (if any) _____