Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr. Hobbs NM 883063 625 635 635	nergy, Minerals and Natural Resources	June 19, 2008 WELL API NO
1625 N French Dr., Hobbs, NM 8	HE CONSERVATION DEVISION	30-005-20545
District III CFD 177	MI 220 South St. Francis Dr	5 Indicate Type of Lease STATE FEE FEE
1000 Rio Brazos Rd., Aztec, NM 87419 District IV 1220 S St Francis Dr., Santa Fe, NM OBBSC 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No
1220 S St Francis Dr., Santa Fe. N前 りり つい 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit 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		Cato San Andres Unit
PROPOSALS) 1. Type of Well Oil Well Gas Well Other		8 Well Number 183
2 Name of Operator		9. OGRID Number
Cano Petro of New Mexico, Inc. 3 Address of Operator		248802
801 Cherry Street Unit 25 Suite 3200 Fort Worth, TX 76102		10 Pool name or Wildcat Cato, San Andres
4 Well Location		
Unit Letter C: 660 feet from the N line and 1980 feet from the W line		
Section 5	Township 09S Range 30E	NMPM County Chavez
II EI	evation (Show whether DR, RKB, RT, GR, etc.) 4106.7 GL	
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 WORL	K ☐ ALTERING CASING ☐
	GE PLANS	
DOWNHOLE COMMINGLE	PLE COMPL CASING/CEMENT	TJOB
OTHER.		1 77.77
OTHER 13 Describe proposed or completed one		ab Well
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 15, 2009 Swabbed for 4hrs made 2 bbls of oil and 5 bbls of water.		
Swab Test on May 16, 2009 Swabbed for 4hrs made 1 bbl of oil and 8 bbls of water.		
Spud Date: 08/04/76	Rig Release Date	
08/04/76		
I haraby cartify that the information of		
I hereby certify that the information above is true and complete to the best of my knowledge and belief		
SIGNATURE OF COLOR		- / /
SIGNATURE MULLINARIA	TITLE Regulatory Coord	inator <u>DATE 5/30/09</u>
Type or print name Cindy Chavez E-mail address PHONE 817-698-0900		
For State Use Only		
APPROVED BY: Tamy W. TITLE DISTRICT 1 SUPERVISOR DATE SEP 2-1 2009		
Conditions of Approval (if any)	,	