Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30 025 35054
1301 W. Grand Ave., Artesia, NM 60210	METCONSERVATION DIVISION	N 50 023 33034 5 Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87007	1220 South St. Francis Dr.	STATE x FEE
District IV	₹ 2009 Santa Fe, NM 87505	6. State Oil & Gas Lease No
1220 S. St. Francis Dr., Santa Fe	SOCD	
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	LLS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	TION FOR PERMIT" (FORM C-101) FOR SUCH	Toro "16" State
	Well Other -	8. Well Number 1
2. Name of Operator	/	9. OGRID Number
Adventure Exploration Partners, I	LC	257568
3 Address of Operator P.O. Box 11354, Midland, TX 797	702	10. Pool name or Wildcat
	02	Pearl; San Andres North
4. Surface Well Location		
		_feet from theWestline
Section 16 Townsl		PM Lea County
11 Elevation (Show whether DR, RKB, RT, GR, etc.) 3050° GR		
12. Check Ap	propriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON X	l l	CE DRILLING OPNS. P AND A
-	MULTIPLE COMPL CASING/CE	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	
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.		
Proposed procedure to T/A well under	economical evaluation:	0 1
L fluid		
Proposed procedure to T/A well under economical evaluation: Current PBTD CIBP @ 6375' w/35' cement cap. Current perforations: 5578-5620', San Andres formation.		
Will pull rods and tubing, set CIBP @ 5500' +/-, load casing with water and test to 500 psi for 30 minutes.		
TA well for future production/use.		
Condition of Approval: Notify OCD Hobbs		
	office	24 hours prior to running MIT Test & Chart
		<u>-</u>
Spud Date.	Rig Release Date:	ı
	Tag Totalso Dute.	
I hereby certify that the information about	ove is true and complete to the best of my know	wledge and belief.
10-	\mathcal{Q}_{a}	
SIGNATURE Muliku	THE PARTY A	DATE: 0.00.00
DIGITATURE CONCERNA	TITLE Regulatory A	gentDATE9-28-09
Type or print name Ann E. Ritchie	E-mail address: ann.wtor@	gmail.com PHONE: _432 684-6381
For State Use Only		
ADDDOVED BY	TITLE PRIPALEUM EN	KGINETEK DO
APPROVED BY: Conditions of Approval (if any):	TITLE THE THE PARTY OF THE PART	DATE OCT 0 6 2009
Conditions of Approval (II ally):		