Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 19, 2008
District II		WELL API NO. 30-005-29021
1301 W Grand Ave , Artesia, NM 88210 District III		5. Indicate Type of Lease
1000 R10 Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STATE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6 State Oil & Gas Lease No
87505		
SUNDRY NOT	FICES 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 10 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		
PROPUSALS)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Cato San Andres
1. Type of Well: Oil Well Gas Well Other x		8. Well Number CSAU 50 /
2. Name of Operator CANO PETRO	O OF NEW MEXICO, INC.	9. OGRID Number
3 Address of Operator		10. Pool name or Wildcat
801 Cherry St. Unit 25 Suite 3200, Fort Worth, TX 76102		
4. Well Location		Cato; San Andres
Unit Letter J	<u>1980</u> feet from the <u>South</u> line and <sup>1</sup>	
Section 11		
	Township 8S Range 30E 11. Elevation (Show whether DR, RKB, RT, GR, et	NMPM County Chaves
	4149 GR	С.)
	ana	
12 Check	Appropriate Box to Indicate Nature of Notice	Report or Other Data
		e, Report of Other Data
	ITENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	
PULL OR ALTER CASING		RILLING OPNS. P AND A
		NT JOB
OTHER.	OTHER: Conv	ert to Injection
13. Describe proposed or comp	leted operations (Clearly state all partment datails	
or recompletion	ork). SEE RULE 1103 For Multiple Completions A	Attach wellbore diagram of proposed completion
or recompletion		<u> </u>
Rap 3-1/24 7 55 14m		
Ran 3-1/2" J-55 line: Cemented to surface.	sticm surface to TD.	
Perforated and acidized.		
RIH w/2-1/16" Seal Tite Lubrug. Set packer 100' ,bove perf:		MAR 2 3 2009
Loaded backside and passed MIT (attached). $9/23/6$		HORROOCD
Started injecting into San Andres formation.		
		44 2
		MAX -
Smul Dat		<i>U</i> . 0
Spud Date:	Rig Release Date:	A show of the
		PRFS
I hereby certify that the main the		SKS P MAT P PERFS P 4 PACK P SET@
Thereby certify that the information a	bove is true and complete to the best of m	
Can 1 1	21	PACK
SIGNATURE XILLIC	Man TITLE Regulator	LETQ :
7		9121
Type or print name Cindy Chav	ez D E-mail address Cil	<u>^</u>
For State Use Only		<u>,0</u>
APPROVED BY.	<b>`</b> 7:	
Conditions of Approval (if any).		
in any).	Ň,	
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