Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88240 District III 1000 Rio Brazos Rd., Aztec, NM 15002 3 7009 District IV 1220 S. St. Francis Dr., Santa F100550CD 87505 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 1811-1911 SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	Form C-103 June 19, 2008 WELL API NO. 30-025-34631 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name Shell Lusk ANB 8. Well Number 2
2. Name of Operator Lime Rock Resources A, L.P. DEC 16 2009	9. OGRID Number 255333
3. Address of Operator c/o Mike Pippin LLC, 3104 N. Sullivan, Farmington, NM 8740000 ARTESIA	10. Pool name or Wildcat Townsend Permo Upper Penn (59847)
4. Well Location Unit Letter: E: 1,950 feet from the North line and 350 feet from the West line Section 11 Township 16S Range 35E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,990' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SU PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	BSEQUENT REPORT OF: ORK
OTHER: OTHER:	1 st Delivery & IP Test
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. This Townsend Permo Upper Penn oil well was re-delivered on 10/8/09. The well was IP Tested on 10/26/09 for 11 BOPD, 3 MCF/D & 26 BWPD.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Petroleum Engineer - Agent DATE December 17, 2009,	
Type or print name Mike Pippin E-mail address: mike@pippinllc.com PHONE: (505) 327-4573 For State Use Only APPROVED BY: TITLE ISTRICT 1 SUPERVISOR DATE Conditions of Approval (if any):	