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1301 W. Grand Ave. Artestage (MB200E 2) W. EVEL CONNECT AVAILON AVAILAN AVAILON AVAILAN AVAILON AVAILAN AVAILA	1625 N. French Dr., Hobbs, NM 88240				
Data Diagonal Rd, Azec, NM SKIP 19 2010       Santa Fe, NM 87505       FTATE 9       FEE	1301 W. Grand Ave., Artesia, N. 138610       Image: Conservation Division         District III       1220 South St. Francis Dr.				
1202 Sta Prancis Dr., Sand La MOBENCIO       B-8580         00000 1100 PALTER CAND REPORTS ON WELLS (000 NOT USE THIS FORM FOR REPORTS ON WELLS DEFERENT RESERVOR. USE 'APPLICATION ION PERMIT (FORM C-101) FOR SUCH PROCOSALS.       7. Lease Name or Unit Agreement Name Rhodes Yates Unit         2. Name of Operator B C Operator B C Operator B C Operator D OBS (5020 Midland, TX 79710       9. OGRID Number (100285 / 100285 /					
SUNDRY NOTICES AND REPORTS ON WELLS         7. Lease Name or DUIA greement Name Robos Viss         OPENDOSALSTO ORLING TO PERFORM C100 FOR SUCH ROBOSALS.         Name of Operator         1. Type of Well: Oil Well       Gas Well       Qotter Injection Well       8. Well Number (000000000000000000000000000000000000			37505		
SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name (book of use time for other persons) for such Differential reservoirs. USE "APPLICATION FOR FERMIT" (CORM C-10) FOR SUCH 3. Type of Well: Oil Well    Gas Well    Other Injection Well       8. Well Number 9. OGRU Number 10. Pool name or Wildcat Rodes Yates Seven Rivers         2. Name of Operator B C Operator B C Operator D Obox 50820 Midland, TX 79710       9. OGRU Number 10. Pool name or Wildcat Rodes Yates Seven Rivers         3. Address of Operator D O Box 50820 Midland, TX 79710       10. Pool name or Wildcat Rodes Yates Seven Rivers         4. Well Location       660° feet from the North line and60° feet from theVert S         5. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         SUBSEQUENT REPORT OF: REPORM REMEDIAL WORK    PLUG AND ABANDN    REMEDIAL WORK    PLUG AND ABANDN    PULL OR ALTER CASING    MULTIPLE COMPL    OTHER Return to Injection All ALTERING CASING    COMMENDE COMMINGLE    OUNA ALTER CASING    MULTIPLE COMPL    OTHER Return to Injection All ALTERING CASING    CASING/CEMENT JOB    PAND A    OTHER Return to Injection effective 12/19/09, avg injection 200 bbls per day @ 700 ps         7. Describe proposed or completed operations. (Clearly state all pertinent dealis, and give pertinent dates, including estimated date or recompletion.         Spud Date: 10/29/43         INTELE         ALT Expectation of the tive 12/19/09, avg injection 200 bbls per day @ 700 ps         Spud Date: 10/29/43         Spud Date: 10/29/43 <tr< td=""><td>1220 S. St. Francis Dr., Santa Fe, NM 87505</td><td>SUCD</td><td></td><td>B-8580</td><td></td></tr<>	1220 S. St. Francis Dr., Santa Fe, NM 87505	SUCD		B-8580	
PROTOSALS)       8. Well Number       5         1. Type of Well: Oil Well       Gas Well       Other       Injection Well       9. OGRID Number       6.955./         3. Address of Operator       10. Pool name or Wildcat       Range 35./       10. Pool name or Wildcat       Range 35./         4. Well Letter       D       6.60°       feet from the	SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				ne
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3. Address of Operator       10. Pool name or Wildcat         P O Box 50820 Midland, TX 79710       10. Pool name or Wildcat         4. Well Leation       Unit Letter	2. Name of Operator /			9. OGRID Number 169285 160825 /	
P O Box 50820 Midland, TX 79710       Rhodes Yates Seven Rivers         4. Well Location       Unit Letter D : 660° feet from the North line and 660° feet from the West line         Section 27       Township 26S       Range 37E       NMPM Lea       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       2979' DF       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PUL ADA DAB ADADON         REMEDIAL WORK         PLUE ADAD SANDON         COMMENCE DRILLING OPNS.       P AND A         PUL OR ALTER CASING       OTHER       OTHER       Return to Injection       COMMENCE DRILLING OPNS.       P AND A         OTHER       OTHER       OTHER Return to Injection       Commence data and of proposed completion or recompletion.       CHERY state all pertiment details, and give pertiment dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         This well has been returned to injection effective 12/19/09, avg injection 200 bbls per day @ 700 pst       Mast Parson of proposed completion or pst         Spud Date:       10/29/43       Rig Release Date:       12/1/43       G-2-O H         Store or print name       Tami Parker       TITLE       DATE       DATE         Yee or print name       Tami Parker       TATE Parker (Blackodares: conn)       PHONE: (432) 684-96			<u> </u>		
Unit Letter D : 660' feet from the North line and 660' feet from the West line Section 27 Township 26S Range 37E NMPM Lea County 11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> ) 11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> ) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   TEMPORARILY ABANDON   CHANGE PLANS   PULL OR ALTER CASING   MULTIPLE COMPL   DOWNHOLE COMMINGLE   OUTHER Return to Injection   Change PLANS   COMMENCE DRILLING OPNS.   P AND A   CASING/CEMENT JOB   OTHER Return to Injection   SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Elevation effective 12/19/09, avg injection 200 bbls per day @ 700 pst   DOWNHOLE COM/ King Release Date: 10/29/43   SEE RULE 12/19/09, avg injection 200 bbls per day @ 700 pst   DOWNHOLE COM/ King Release Date: 12/1/43   SEE RULE 1/12/1/43   SEE RULE 1/14/10   DATE   MARKED RESIDENCE OF   SEE RULE 1/17.   DATE   DA		/10		Rhodes Yates Seven Rivers	
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2979' DF         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON         TEMPORARILY ABANDON       CHANGE PLUG AND ABANDON         PULL OR ALTER CASING       CHANGE PLUANS         PULL OR ALTER CASING       MULTIPLE COMPL         DOWNHOLE COMMINGLE       OTHER         COLLEC COMMINGLE       OTHER         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.         This well has been returned to injection effective 12/19/09, avg injection 200 bbls per day @ 700 ps         Spud Date:       10/29/43         Inclusion       Kig Release Date:         12/1/4.3       6-2-0.4         Spud Date:       10/29/43         Increduction above is true and complete to the best of my knowledge and belief.       \$	Section 27	· · · · · · · · · · · · · · · · · · ·			
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SIGNATURE       Parker       TITLE       Regulatory Analyst       DATE       1/14/10         Type or print name       Tami Parker       Te-mail address:       tparker@blackoakres.com       PHONE: (432) 684-9696         For State Use Only       TITLE       DATE				· · · · · · · · · · · · · · · · · · ·	
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APPROVED BY:			<u></u>	<u> </u>	
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