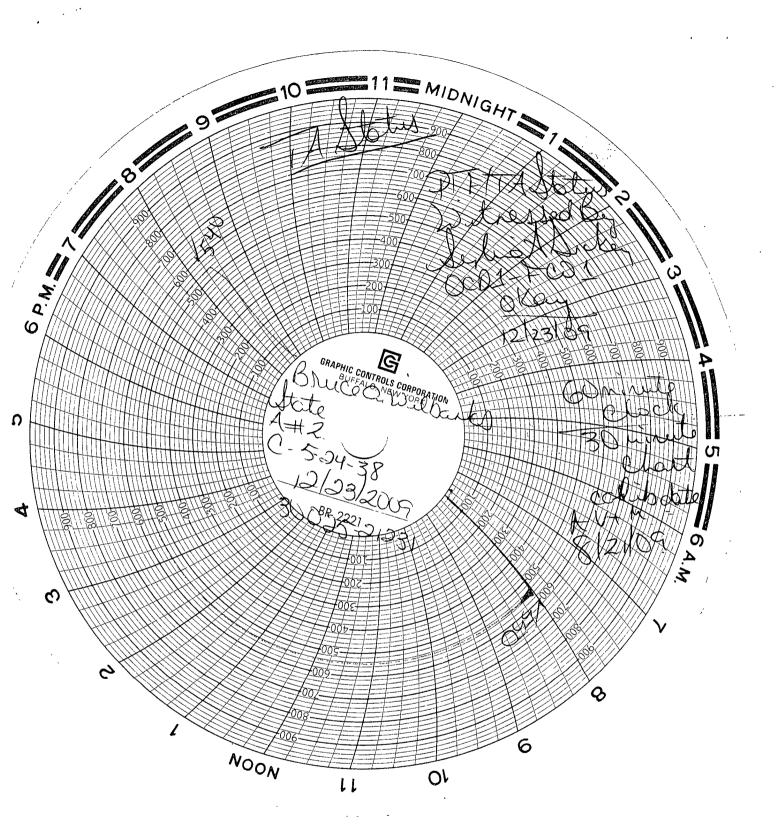
Office	te of New Mexico	Form C-103
Energy, Minerals and Natural Resources  1625 N French Dr., Hobbs, NM 88240  District II  1301 W. Grand Ave., Artesia, NM 88210  District III  1000 Rio Brazos Rd., Aztec, NM 8 AN 2 2 ZUIU  District IV  1220 S St Francis Dr., Santa F. DBBSOCD  ST505  SUNDRY NOTICES AND 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-101) FOR SUCH		June 19, 2008  WELL API NO. 30 025 21231
		5. Indicate Type of Lease
		STATE x FEE  6. State Oil & Gas Lease No
		o. State off & Gas Lease Ivo
		7. Lease Name or Unit Agreement Name State A
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other - X		8. Well Number 2
2. Name of Operator		9 OGRID Number /
Bruce A Wilbanks Co.		120246 / 10 Pool name or Wildcat /
3. Address of Operator 505 N Big Spring. Suite 500 Midland, TX 79701		Stateline Ellenbruger 57810
4. Surface Well Location		
Unit Letter C: 152 feet from the North line and 2012 feet from the West line  Section 5 Township 24S Range 38E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3050' GR		
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 WORK ALTERING CASING ☐		
TEMPORARILY ABANDON CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A		
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB  DOWNHOLE COMMINGLE		
		ot for T/A wall
OTHER: MIT Test for T/A well  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.		
12-23-09: 60 minute clock; 30 minute chart. Pressured up to 550 pis, held good. Surface pressure zero.		
Chart submitted to OCD.  This Approval of Temporary  Abandonment Expires		
Abandonment Expires		
Spud Date: Rig Release Date		
	-	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
$A \mathcal{A}_{\alpha}$		
SIGNATURE Mile Milem	_TITLERegulatory Agent_	DATE1-19-10
Type or print nameAnn E. Ritchie E-mail address:ann.wtor@gmail.com PHONE: _432 684-6381		
APPROVED BY: DISTRICT 1 SUPERVISOR DATE DATE		
APPROVED BY: DATE DATE		

. . .



PERFORMEN BY:

TELTON

Scott January

Scott January

Scott January

Sept. January