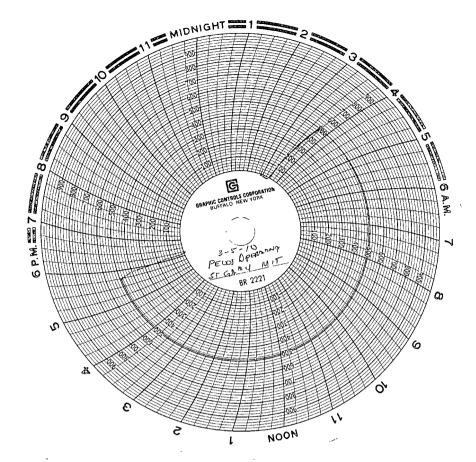
Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103 October 13, 2009	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240  Energy, Minerals and Natural Resources			WELL API NO. /		
District II 1301 W. Grand Ave., Artesia, NO. ECE VOIL CONSERVATION DIVISION			30-025-03685  5. Indicate Type of Lease		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410R 0 B 2010 Santa Fe NM 87505			STATE 🗶 FEE 🗌		
District IV 1220 S. St. Francis Dr., Santa Fe, MOBBSOCD 87505			6. State Oil & Gas Lease No. L-214		
SUNDRY NOTICES 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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			State GA  8. Well Number 4		
1. Type of Well: Oil Well Gas Well Other					
2. Name of Operator / Pecos Operating Company, LLC			9. OGRID Number 246798		
3. Address of Operator 400 W. Illinois, Suite 1210, Midland, TX 79701			10. Pool name or Wildcat SWD Devonian (96101)		
4. Well Location			<u> </u>	,	
Unit Letter E : 1				eet from theWestline	
Section 16	Township 15-S . Elevation (Show whether DR	Range 36-E R. RKB, RT, GR, etc.	NMPM )	Lea County	
			<b>,</b>		
12 Charle A		I.4 <b>C</b> NI-4'	D	N4 D - 4 -	
12. Check App	ropriate Box to Indicate N	ature of Notice,	Report or C	Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRIL				☐ ALTERING CASING ☐	
PULL OR ALTER CASING M	ULTIPLE COMPL	CASING/CEMEN			
DOWNHOLE COMMINGLE					
OTHER:			Test	Z	
<ol> <li>Describe proposed or completed of starting any proposed work). proposed completion or recomp</li> </ol>	SEE RULE 19.15.7.14 NMA				
3-05-10 MIT Test. Pressured annulus to 500 psi for 30 minutes – no leakoff. (Chart attached)					
OCD Hobbs office notified of test 3-3-10.					
			·		
<u></u>					
Spud Date:	Rig Release D	ate:			
<u> </u>					
I hereby certify that the information above	ve is true and complete to the h	est of my knowledg	e and belief		
The second secon		ost of my miowicag	o unia ociici.	•	
SIGNATURE ( )	TITLE_	Manager		DATE3-5-010	
Type or print nameWilliam R Huck E-mail address:billh@pecoscompanies.com _PHONE: _432-620-8480 For State Use Only					
ADDROVED BV.	्री रागा द	2		DATE	
Elman		TAFF MB		3-8-10	



BECKERNER CALB. DATE 2/3/10

CHART RECORDER 2/3/10

CHART DATE 2/3/10

CALB. DATE 44

STATE 6. A. #4

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