

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED OIL CONSERVATION DIVISION APR 26 2010 HOBBSD 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-23027
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
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 PROPOSALS)		6. State Oil & Gas Lease No. 029512 B
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other WIW		7. Lease Name or Unit Agreement Name Teas Yates
2. Name of Operator Momentum Operating Co., Inc.		8. Well Number 1-2
3. Address of Operator P.O. Box 2439 Albany, TX 76430		9. OGRID Number 196069
4. Well Location Unit Letter E : 1980 feet from the North line and 10 feet from the West line Section 18 Township 20S Range 34E NMPM County Lea		10. Pool name or Wildcat Teas Yates- Seven Rivers
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3614 GR		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Workover <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Found Packer leak or tubing leak & we plan moving rig in as soon as possible to correct the problem safely. The well is currently being blown down but still have a good bit of flow, will fix when safe

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **Ted Towell** TITLE **Agent** DATE **4/21/2010**Type or print name **Ted Towell** E-mail address: _____ PHONE: **325-742-3321**
For State Use OnlyAPPROVED BY **[Signature]** TITLE **STAFF MGR** DATE **4-23-10**
Conditions of Approval (if any): _____