

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
JUL 06 2010

HOBBSOCD

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.)		WELL API NO. 30-025-39719
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Robert E. Landreth		6. State Oil & Gas Lease No. VO-7365-0000
3. Address of Operator 110 W. Louisiana, Suite 404, Midland, Texas 79701		7. Lease Name or Unit Agreement Name Rainbow "16" State <input checked="" type="checkbox"/>
4. Well Location Unit Letter J : 1980 feet from the South line and 1980 feet from the East line Section 16 Township 25S Range 35E NMPM County Lea		8. Well Number 1 H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3232' GR		9. OGRID Number 25827
		10. Pool name or Wildcat Delaware Wildcat

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐OTHER: Discontinue Drilling Operations ☒

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.

Drilling operation have been discontinued on this well. No further progress is planned.

FOR RECORD ONLY

Spud Date:

April 1, 2010

Rig Release Date:

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

SIGNATURE

Robert E. Landreth

TITLE Owner/Operator

DATE: June 30, 2010

Type or print name: Robert E. Landreth

E-mail address: bob@relandreth.com

PHONE: 432-684-4781

For State Use Only

APPROVED BY:

ECG

TITLE

State Mgr

DATE

7-7-10

Conditions of Approval (if any):

**Needs approval from the Bureau of
Land Management.**

COH