

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

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 ✓ <i>Com.</i>
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Discontinue Drilling Operations <input checked="" 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.

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

FOR RECORD ONLY

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 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 STAFF MGR DATE 7-7-10
 Conditions of Approval (if any):

Needs approval from the Bureau of Land Management.

COH