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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-21937
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. 306783

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.)

7. Lease Name or Unit Agreement Name: Crosby Deep
8. Well Number # 2
1. Type of Well: Oil Well [ ] Gas Well [ ] Other SWD
9. OGRID Number 263740
2. Name of Operator DE Energy LLC
10. Pool name or Wildcat SWD Fusselman
3. Address of Operator 105 Oscar Ln Dallas GA 30132
4. Well Location
Unit Letter G : 1650 feet from the N line and 2310 feet from the E line
Section 33 Township 25S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 [ ]			
OTHER [X]		OTHER Complete as SWD [X]	

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.

DO AS permit # 1234-C Set packer 100' Above Fusselman zone @ 8600' will Contact MIT Field office To Do Bradenhead Test After Test complete with acid in zone & perfs and start Injecting * Will have VAC TRK on Location when Setting packer in case of any spills from pump

Spud Date: Rig Rls

Per Underground Injection Control Progam Manual 11.6.C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.

I hereby certify that the information above is true and complete

SIGNATURE Dan Tehven TITLE Managing Partner DATE 10-28-10

Type or print name Dan Tehven E-mail address danje105@yahoo.com PHONE 770 757-

For State Use Only

APPROVED BY TITLE STAFF MGR DATE 11-2-10

Conditions of Approval (if any):

SWD-1234

Condition of Approval: *Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.*