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Submit One Topy 2.7 Appropriate District Office District HOBBSUCD	State of New Mexico Energy, Minerals and Natural Re	ocource:	Form C-103 March 18, 2009
District II 1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIV	ISION WELL API NO. 30 - 025	-03962
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 South St. Francis D Santa Fe, NM 87505	6. State Oil & C	FEE
(DO NOT USE THIS FORM FOR PROPOSAL: DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.) 1. Type of Well: Oil Well A Ga	ON FOR PERMIT" (FORM C-101) FOR SUC	CK TO A	or Unit Agreement Name B State
2. Name of Operator MNA Enterprise 3. Address of Operator		9. OGRID Num 12476 10. Pool name o	$\mathcal B$
4. Well Location	140665, NM 8824		5 Junction green
Section // Township / Bos Range 36 / 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			
TEMPORARILY ABANDON C	LUG AND ABANDON REM	SUBSEQUENT REEDIAL WORK MENCE DRILLING OPNS. NG/CEMENT JOB	EPORT OF: ALTERING CASING P AND A
OTHER:			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.			
All metal bolts and other materials has to be removed.) All other environmental concerns has			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
SIGNATURE Daniel M. a	lepule TITLE Mana	iging Member	DATE <u>10-27-10</u>
TYPE OR PRINT NAME Daniel For State Use Only	M. Alexander E-MAIL:		
Conditions of Approval (if ary):	WN TITLE COM.	phance XIIIe	D DATE 11 5 / 2010