	ate of New Mexico	Form C-103
District I R C F Wings Mi	nerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-026~28027
District II 1301 W. Grand Ave., Artesia, NM ROW 10 2010 CON District III	SERVATION DIVISION	5. Indicate Type of Lease
District III  1000 Rio Brazos Rd., Aztec, NM 87410 BBSOCD  Sa  District IV  1220 S. St. Francis Dr. Santa Fe. NM	South St. Francis Dr.	STATE FEE 🗷
District IV HOBBSOOD Sa	inta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		0295128
SUNDRY NOTICES AND REPORT		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR '		Teas Yorks
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIPPROPOSALS.)	I" (FORM C-101) FOR SUCH	
	ther WIW	8. Well Number 1-2
2. Name of Operator		9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
· •		
P.D. Box 2439 Albany, Tx 74430		Teas Yares - Seven Rivers'
Unit Letter F: 1980 feet from the North line and 10 feet from the West line		
Section 18 Township 20 S Range 34 E NMPM County Lea		
	Show whether DR, RKB, RT, GR, etc.,	
3414		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		
NOTICE OF INTENTION TO PERFORM REMEDIAL WORK ☐ PLUG AND ABA		SEQUENT REPORT OF:
TEMPORARILY ABANDON  CHANGE PLAN	_	<u> </u>
PULL OR ALTER CASING  MULTIPLE COM		
DOWNHOLE COMMINGLE	III CASING/CLIVILIN	1308
		·
OTHER:	OTHER: MIT	· · · · 🕱
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		
of starting any proposed work). SEE RULE 1		
of starting any proposed work). SEE RULE 1 proposed completion or recompletion.	9.15.7.14 NMAC. For Multiple Cor	mpletions: Attach wellbore diagram of
of starting any proposed work). SEE RULE 1 proposed completion or recompletion.	9.15.7.14 NMAC. For Multiple Cor	mpletions: Attach wellbore diagram of
of starting any proposed work). SEE RULE 1	9.15.7.14 NMAC. For Multiple Cor	mpletions: Attach wellbore diagram of
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of starting any proposed work). SEE RULE 1 proposed completion or recompletion.  MIT dated 9.15-2010, with	essed by Sylvia Dickey  Rig Release Date:	That is attatched
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of starting any proposed work). SEE RULE I proposed completion or recompletion.  (NIT dated 9.16-2010, with the spund Date:  I hereby certify that the information above is true and constructed by the starting of the starting and starting any proposed work). SEE RULE I proposed completion or recompletion.  SIGNATURE	Rig Release Date:  TITLE Agent	That is attatched
of starting any proposed work). SEE RULE I proposed completion or recompletion.  (CIT dated 9.16-2010, with a specific proposed completion or recompletion.  Spud Date:  I hereby certify that the information above is true and completion or recompletion.  SIGNATURE  Type or print name Text Tiowell	Rig Release Date:  Complete to the best of my knowledge  TITLE Agent  E-mail address:	e and belief.  DATE 11-03-2010  PHONE: 325-74,2-3331
of starting any proposed work). SEE RULE I proposed completion or recompletion.  (NIT dated 9.16-2010, with the spund Date:  I hereby certify that the information above is true and constructed by the starting of the starting and starting any proposed work). SEE RULE I proposed completion or recompletion.  SIGNATURE	Rig Release Date:  TITLE Agent	e and belief.  DATE 11-03-2010  PHONE: 325-762-3331
Spud Date:  I hereby certify that the information above is true and construction of proposed completion.  Signature  Type or print name  Text Tidwell  For State Use Only	Rig Release Date:  complete to the best of my knowledge  TITLE Agent  E-mail address:  CO DISTRICT SUPERVISOR/GE	e and belief.  DATE 11-03-2010  PHONE: 325-762-3331
of starting any proposed work). SEE RULE I proposed completion or recompletion.  (CIT dated 9.16-2010, with a specific proposed completion or recompletion.  Spud Date:  I hereby certify that the information above is true and completion or recompletion.  SIGNATURE  Type or print name Text Tiowell	Rig Release Date:  Complete to the best of my knowledge  TITLE Agent  E-mail address:	e and belief.  DATE 11-03-2010  PHONE: 325-74,2-3331

