

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 87201
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
RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DEC 18 2010
HOBBSUCD

Form C-103
June 19, 2008

WELL API NO. 3002505366	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 77790	
7. Lease Name or Unit Agreement Name STATE O	
8. Well Number 10	
9. OGRID Number 258350	
10. Pool name or Wildcat LOVINGTON ABO	
4. Well Location Unit Letter L : 3080 feet from the North line and 440 feet from the West line Section 31 Township 16S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3833' DF	

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TA Well, Cast Iron Bridge Plug set within 100' of top of the perforations (8300').

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

Spud Date:

N/A

Rig Release Date:

N/A

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

SIGNATURE William N Painter TITLE PRODUCTION FOREMAN DATE 11/15/2010

Type or print name WILLIAM N PAINTER E-mail address: WPAINTER@YNRLC.com PHONE: 432-438-3872
For State Use Only

APPROVED BY: Camille L. Hill TITLE DISTRICT 1 SUPERVISOR DATE NOV 19 2010
Conditions of Approval (if any):