Submit 1 Copy To Appropriate District State of M Office Energy, Minerals a				Form C-103 October 13, 2009	
1625 N. French Dr., Hobbs, NMRECENCED			WELL API NO. 30-025-39945		
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION District III DEC 20 2010 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE STATE FEE		
District IV 1220 S. St. Francis Dr., Santa FeHOBBSOCD 87505	Santa Fe, NM 8	7505	6. State Oil & Gas Leas	e No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			NLA State Unit		
1. Type of Well: Oil Well \boxtimes Gas Well \square Other \checkmark			8. Well Number 1Y		
2. Name of Operator OGX Resources LLC			9. OGRID Number 217955		
3. Address of Operator			10. Pool name or Wildcat		
P. O. Box 2064 Midland, Texas 79702			Flying M Abo South		
4. Well Location		~~~~	I		
Unit LetterM:480feet	from theSouth	IIIII IIIII IIIII	_530feet from the	Westline/	
	wnship 9S	Range 33E	NMPM	County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4404'					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION T		SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO TEMPORARILY ABANDON CHANGE PLANS COMMENCE DI					
PULL OR ALTER CASING MULTIPLE C		CASING/CEMEN			
DOWNHOLE COMMINGLE					
OTHER:			‴ csg & cmt	\boxtimes	
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.					
proposed completion of recompletion.					
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12/17/10

Ran 186 jts 7", 29#, LTC, P-110 csg to 8146'. Cmt w/900 sxs lead, 400 sxs tail. Circ 163 sxs to pit.

Spud Date:	11/8/10	Rig Release Date:	
I hereby certif	fy that/the information above is true an	d complete to the best of my knowledge and belie	əf
SIGNATURE	Shelly Bush	TITLE Regulatory Analyst	DATE 12/17/10
	()		
Type or print		E-mail address: Shelley@ogxresources.cor	n PHONE: _432/685-1287
For State Use	- Anti	PETROLEUM ENGINEER	DEC 2 1 2010 DATE
			DATE
Conditions of	Approval (if any):		×

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