Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
District I 1625 N. French Dr., Hobbs, NM 88240		WELL APINO
District II 1301 W Grand Ave. Artesia NM 88210	MECONSERVATION DIVISION	30-025-24307
District III	1000 Courth Ct. Emmaio Du	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 874JAN O	Salita 1°C, INIVI 07505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NOBBS		
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Soley Dog, Ibc. 8. Well Number Salty Dog #1
 Type of Well: Oil Well Ga Name of Operator 	s Well Other X B S W	O. OCRID Number
Salty Dog, Inc.	\checkmark	9. OGRID Number 184208 /
3. Address of Operator PO Box 513 Hobbs,NM 88240		10. Pool name or Wildcat
4. Well Location		
	1980feet from theNorth/South_	line and1980 feet from
the _East/Westline		
Section 5		36E NMPM County Lea
	1. Elevation (Show whether DR, RKB, RT, GR, o	etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
TEMPORARILY ABANDON 🔲 C	LUG AND ABANDON ☐ REMEDIAL W	DRILLING OPNS. P AND A
_		
OTHER:	OTHER:	and sive nestinant dates including estimated date
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.		
14. Rigging down pulling unit, Rigging up drilling rig. To drill with 3 ½ drill pipe to a depth of 2600'on 1-Dec-2010 15. Drilled to a depth of 2600' on 27-Dec-2010. Replacing 13 Joints, workover complete.		
to a depart of 2000 on 27 200 2010. Replacing 15 comb, workered complete.		
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9 15	7.0	
Spud Date:	Rig Release Date:	- Dec -10
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	•	
SIGNATURE Jon Ammons	12-1-2010 TITLE	Yard
	DATE12-1-2010	
Type or print name Jon Ammons E-mail address:		
Toplan	STAFFIGE 1-	-18-2011

For State Use Only

APPROVED BY:

Conditions of Approval (if any): _TITLE__ _DATE__