Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.		30-025-23750 5. Indicate Type of Lease
District III 1220 South St. Francis Dr.		STATE STATE FEE
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa F. 122	ZUIT	o. State on te das Zease No.
SUNDRACE	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		State BT R
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 001
2. Name of Operator PALADIN ENERGY CORP.		9. OGRID Number 164070
3. Address of Operator		10. Pool name or Wildcat
10290 Monroe Drive, Suite 301, Dallas, TX 75229		Bagley; Permo Penn, North
4. Well Location		
Unit LetterD:_	660feet from theNorth line and	feet from theWestline
Section 10	Township 12S Range 33E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, et	c.)
	GL 4267'	,
- 12 Check A	opropriate Box to Indicate Nature of Notice	Papart or Other Data
12. Check Ap	optophate box to indicate traduce of fronce	, report of Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK		RK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE D	RILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER: Mo	wo well sign
	ted operations. (Clearly state all pertinent details, a	ove well sign
	(c). SEE RULE 19.15.7.14 NMAC. For Multiple C	
proposed completion or recor		
02/15/11 Mayod well at	on to annuquiate leasting	
02/13/11 Moved Well St	gn to appropriate location	
		* .
Spud Date:	Rig Release Date:	
	Tig Release Date.	
I hereby certify that the information ab	ove is true and complete to the best of my knowled	ge and helief
Thereby certify that the information at	wove is true and complete to the best of my knowled	ge and benef.
CHANGE OF A	TITLE_Manager, Corporate Sup	
SIGNATURE LIND LUCAL	TITLE_Manager, Corporate Sup	pportDATE02/16/11
Type or print name Ann Westberry	F-mail address: awestherry@nal	adinenergy.com PHONE:214-654-0132 X4_
For State Use Only	D-man address. awestberry@par	admenergy.com 1110NE214-034-0132 X4_
5//)		
APPROVED BY:	// / TYPE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE 2-23-2011
Conditions of Approval (if any):	ale THE STATE	DATE L' ZJ' CO'I