Submit 1 Copy To Appropriate District C V State of New Mexico Office Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
Dissist I Relicit Dr., Hobbs, NM 88240 R 2 E 7U11	WELL API NO. 30-041-20483
1301 W. Grand Ave., Artesia, NM 88210 CONSERVATION DIVISION District III 1000 Rio Brazos Rd Aztec NM 87410 1220 South St. Francis Dr.	5. Indicate Type of Lease
District IV Santa Fe NM 87505	STATE FEE X
87505	6. State Oil & Gas Lease No. 303378
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. LISE "APPLICATION 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.)	/ /
1. Type of Well: Oil Well X Gas Well Other	Chaveroo San Andres Unit 8. Well Number 3
2. Name of Operator	
Ridgeway Arizona Oil Corp 3. Address of Operator	9. OGRID Number 164557
200 N. Loraine, STE 1440 Midland, TX 79701	10. Pool name or Wildcat
4. Well Location	Chaveroo – San Andres
Unit Letter I : 990 feet from the E line and	
Section 34 Township 07S Range 32E	1650feet from theSline
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Roosevelt County
12 Check Annual A. D. A. M.	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
TEMPORARII Y ARANDON REMEDIAL WORK	ALTERING CASING [7]
PULL OR ALTER CASING DISCOMMENCE DRIL	LING OPNS. □ PANDA □
DOWNHOLE COMMINGLE COMPL CASING/CEMENT	JOB
OTHER:	
13. Describe proposed or completed operations. (Clearly state all particular in the complete operations)	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion.	give pertinent dates, including estimated date
proposed completion or recompletion.	Attach wendore diagram of
Repaired well with downhole tubing leak	
Return to production	
Spud Date: Rig Release Date: 3/7/11	1
I hereby certify that the information above is true and complete to the best of my knowledge at	
and complete to the best of my knowledge and	nd belief.
SIGNATURE Java Juo TITLE Prod Clark	DATE 3/11/11
Type or print name Jana Tale F-mail address: 10 and 10 G	
For State Use Only	00 1.net PHONE: 480-687-0303
APPROVED BY:	.
Conditions of Approval (if any):	DATE