Submit 1 Copy 10 Appropriate District Office		State of New Mexico  , Minerals and Natural Resources		Form C-103 October 13, 2009
District I 1625 N. French Dr., Hobbs, NM 88248 ECFI		iai Kesources	WELL API NO.	- Getober 15, 2005
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-01033	
District III APR 15 2011220 South St. Francis Dr.			5. Indicate Type of Lease	
			STATE STATE 6. State Oil & Gas Lease	FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505			o. State Off & Gas Lease	NO.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Ag	greement 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 PROPOSALS.)			STATE BD	
1. Type of Well: Oil Well Gas Well Other: SWD			8. Well Number 3	
2. Name of Operator			9. OGRID Number	
Samson Resources Company 20:			20165	
			10. Pool name or Wildcat	:
Two West Second Street, Tulsa, OK 74103  Bagley Penn				
4. Well Location				
Unit Letter I : 1980 feet from the South line and 660 feet from the East line				
Section 2 Township 12S Range 33E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4230' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUEN				OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK				NG CASING 🔲
TEMPORARILY ABANDON				Α 🔲
	IPLE COMPL	CASING/CEMEN	T JOB 🔲	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: Bradent	nead Test	
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.				
3-31-2011: Described test conducted. Provide mitrograph 11. G. 1. D. 1.				
Bradenhead test conducted – Passed; witnessed by Sylvia Dickey with OCD				
Spud Date: Rig Release Date:				
Adg Release Date.				
I hereby certify that the information above is	true and complete to the be	est of my knowledg	e and belief.	
SIGNATURE Quitum M. Long TITLE: Environmental Specialist DATE 4/11/11				
Type or print name: Autumn Long E-mail address: autumnl@samson.com PHONE: (303) 222-0965  For State Use Only				
APPROVED BY: Long du TITLE STAFF MA DATE 4-18-2011				
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