Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I E	nergy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NRECEIV		WELL API NO. 30-005-27950
District III . ADD 1 9 2	ONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd Aztec NM i		STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S, St. Francis Dr., Santa 中のBBSUU 87505	5 3 3 3 3 3 3 3 3 3 3	6. State Off & Gas Lease No. 20165.
SUNDRY NOTICES AT	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION I PROPOSALS.)		MESCALERO SPRINGS STATE COM
1. Type of Well: Oil Well Gas We	ell 🛛 Other 🖊	8. Well Number 002
2. Name of Operator THREE RIVERS OPERATING COMPAN	1V II C	9. OGRID Number 272295
Address of Operator 1122 SOUTH CAPITAL OF TEXAS HIGH		10. Pool name or Wildcat SEE AREA 13
4. Well Location		
Unit Letter O : 660	feet from theSOUTH line and	11980feet from the EAST line
Section 23	Township 11S Range 31E	
11. E	evation (Show whether DR, RKB, RT, GR,	
	4451 GR	man but the telephone to the telephone
12. Check Approp	riate Box to Indicate Nature of Notic	ce, Report or Other Data
NOTICE OF INTENT	ION TO: SI	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
	IGE PLANS	DRILLING OPNS.□ P AND A □ ENT JOB □
DOWNHOLE COMMINGLE	in 22.00 km 2	
OTHER:	CT OTHER. DO	ETUDN TO PROPUSTION 57
		ETURN TO PRODUCTION and give pertinent dates, including estimated date
of starting any proposed work). SE	E RULE 19.15.7.14 NMAC. For Multiple	Completions: Attach wellbore diagram of
proposed completion or recompletion	on.	
		Rivers became the operator on January 1, 2001
and the last reported production date wa	s December, 2007.	
Spud Date:	Rig Release Date:	
I hereby certify that the information above is	true and complete to the best of my knowle	edge and belief
	and and complete to the best of my fallowing	sage and benef.
SIGNATURE (/a 8)	TITLE CODED A TIONIC MAN	ACED DATE 04/10/11
SIGNATURE James N. W.ls		AGERDATE 04/18/11
Type or print name JAMES D. WILSON_	E-mail address: jwilson@3rnr.c	omPHONE: 512-600-3185
For State Use Only	PENTALEDM BI	WEINEED APR 1 9 2011
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		