Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM District II – (575) 748-1283		October 13, 2009
1625 N. French Dr., Hobbs, NM 68240 District II – (575) 748-1283		WELL API NO. 30-025-01269
811 S. First St., Artesia, NM 88210 A 2010 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
1000 D. D. D. D. D. J. A. A. N. M. 07410		STATE 🔀 FEE
District IV – (505) 476-3460 Santa Fe, NWI 87303		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
SUNDRY NOTICES 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		NEW MEXICO "A"
PROPOSALS.)		8. Well Number 002
1. Type of Well: Oil Well Gas Well Other SWD		9. OGRID Number 253010
2. Name of Operator KENEMORE WELDING & OILFIELD SERVICES, INC.		9. OGRID Number 233010
3. Address of Operator		10. Pool name or Wildcat
PO BOX 154, MALJAMAR, NM 88264		SWD, PERMO UPPER PENN
4. Well Location		
Unit Letter O: 661 feet from the SOUTH line and 1,983 feet from the EAST line		
Section 25 Township 16S Range 33E NMPM County LEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
CNI (' Decent on Other Date		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
		DRILLING OPNS.□ P AND A □
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
OTHER, THRING BERLACEMENT (LEAK)	⊠ OTHER:	
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.		
AND SERVICE WORK BY BUONE OC/OC/11 INTEND TO DITLI DIDE DEDI ACE		
NOTIFIED NMOCD MAXEY BROWN OF PENDING WORK BY PHONE 06/06/11. INTEND TO PULL PIPE, REPLACE		
THE BAD PIPE, & TEST BACK IN HOLE.		
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Spud Date:	Rig Release Date:	
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	MEDICAL PROPERTY AND	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	TITLE PRESIDENT	DATE 06/06/11
SIGNATIONAL CONTRACTOR		
Type or print name <u>GEORGE KENEMORE</u> E-mail address: <u>gkenemore@leaco.net</u> PHONE: 575-390-6951		
For State Use Only		
APPROVED BY: TITLE DISTRICT 1 SUPERVISOR DATE JUN 1 0 2011		
Conditions of Approval (if any).		
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