Submit 3 Copies to Appropriate District Offices

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

Revised 1-1-89

DISTRICT II  310 Old Santa Fe Trail, Room 206		WELL API NO. 30-041-20123	
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87503			5. Indicate Type of Lease
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE
1000 Rt Diazos Rt., Aztec, 1191 57410			6. State Oil & Gas Lease No.
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. USE "APPLICATION FOR PERMIT"  7. Lease Name or Unit Agreement I			
(FORM C-101) FOR SUCH PROPOSALS.)			Todd Lwr SA Unit Sec. 31-
1. Type of Well: OIL WELL X GAS WELL	OTHER		
			8. Well No. 11
3. Address of Operator			9. Pool name or Wildcat
415 W Wall, Suite 1900, Midland, TX 79701			Todd Lower San Andres Assoc
Unit Letter K : 2120 Feet From The S Line and 2023 Feet From The W Line			
Section 31 Township 7S Range 36E NMPM ROOSEVELT County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON			
PULL OR ALTER CASING		CASING TEST AND CEM	IENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations work) SEE RULE 1103.  (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
Set CIBP @ 4200', dump 35' cmt on top (perfs 4282'-4317') Tag 100' plug @ 2035'-1935' Cut & pull 5-1/2" csg, estimate 1000' Spot 100' plug @ 5-1/2" stub, Tag Spot 100' plug @ 8-5/8" shoe (50 in & 50 out) Btm of shoe @ 331', Tag 50' surface plug, install dry hole marker			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
TYPE OR PRINT NAME Bonnie Husband TELEPHONE NO. (915)684-4293			
(This space for State Use)		in a second of the second	
APPROVED BY	*****	1	
	11.	L 449	DATE