Submit 3 Copies

State of New Mexico

Form C-103

To Appropriate	Energy, Minerals	and Natural Resources Department	Revised 1-1-89
District Office DISTRICT I			WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	OIL CONS	ERVATION DIVISION	30-025-33182
DISTRICT II 811 South First, Artesia NM 88210		040 South Pacheco anta Fe, NM 87505	5. Indicate Type of Lease STATE ☐ FEE ■
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "AP	SALS TO DRILL OF	TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well Ga	as Well	Other	Federal 24
2. Name of Operator Falcon Creek Resources, Inc.			8. Well No.
3. Address of Operator 621 17 th St., Suite 1800 Denver, CO 80293-0621			9. Pool name or Wildcat Upper & Lower Abo
4. Well Location Unit letter M : 660' feet from the South line and 660' feet from the West line			
Section 24 Township	20S R	ange 38E NMPM	Lea County
	10. Elevation (Show	whether DF, RKB, RT, GR, etc.	
Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANG	GE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:Perf Abo		OTHER:	
 Describe proposed or completed operation proposed work). SEE RULE 1103. 	ons. (Clearly state all	pertinent details, and give pertinent dates,	including estimated date of starting any
	7285-7295, 7300-7	625, 7695-7715, then 315, 7340-7350, 7390-7400	
4. Swab test & evaluate - Put on produ	s 20% HCL acid & action if more inform s HCL acid & 6750 ction if more inform	gallons 28% of SXE acid - Packer 720 nation is needed	

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Type of print name___Gerald Lucero____ Telephone No.__(303) 675-0007_ (This space for State use)

Conditions of approval, if any: