Submit 1 Copy To Appropriate District	State of New Mexico	EMNRD-OCD ARTESIA Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	REC'D: 7/24/2020 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
(DO NOT USE THIS FORM FOR PROP	FICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A JICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name
PROPOSALS.)	Gas Well Other	8. Well Number
Type of Well: Oil Well Name of Operator	Gas weii Ouiei	9. OGRID Number
_		
3. Address of Operator		10. Pool name or Wildcat
4. Well Location		
Unit Letter	:feet from the line and	feet from theline
Section	Township Range	NMPM County
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
12. Check	Appropriate Box to Indicate Nature of Noti	ice. Report or Other Data
		•
		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	-	VORK ☐ ALTERING CASING ☐ DRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	_	
DOWNHOLE COMMINGLE	1	
CLOSED-LOOP SYSTEM] □ OTHER:	
OTHER: 13. Describe proposed or com	pleted operations. (Clearly state all pertinent details	s, and give pertinent dates, including estimated date
of starting any proposed w	vork). SEE RULE 19.15.7.14 NMAC. For Multiple	e Completions: Attach wellbore diagram of
proposed completion or re	ecompletion.	
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
		ledge and belief.
	Rig Release Date:	ledge and belief.
I hereby certify that the information	n above is true and complete to the best of my know	-
I hereby certify that the information	n above is true and complete to the best of my know	DATE
I hereby certify that the information SIGNATURE Type or print name	n above is true and complete to the best of my know	DATE
I hereby certify that the information	n above is true and complete to the best of my know	DATE
I hereby certify that the information SIGNATURE Type or print name For State Use Only	n above is true and complete to the best of my know	DATEPHONE: