Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103		
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-005-62660	Revised July 18, 2013	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178			5. Indicate Type of Le STATE X	ase FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. K2114		
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreem (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreem DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 7. Lease Name or Unit Agreem				t Agreement Name	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other			8. Well Number	#1	
2. Name of Operator			9. OGRID Number		
Plains Radio Pet. Co. 3. Address of Operator			1782010. Pool name or Wildcat		
P.O. Box 11351 Midland TX 79702			Und. Mississippi , Gas		
4. Well Location					
Unit Letter B :	1250 feet from the No	rth line and	2310 feet from th	e East line	
Section 16	Township 11S	Range 28E		County Chavez	
	11. Elevation (Show whether 1		.)		
	369	5 GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK X PLUG AND ABANDON					
			COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING DOWNHOLE COMMINGLE		CASING/CEMEN	ТЈОВ 📋		
CLOSED-LOOP SYSTEM	П	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.					
Arrive on location and found well not pumping. Will rig up pulling unit and COH with the production servation and replace any necessary equipment. Once all downhill equipment is repaired place any necessary equipment.					
			MAY 25 20	17	
Spud Date:	Rig Release I	Date:	RECEIVE	2	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	TITLE	Supervisor	DATE	11-1-16	
Type or print name Devin Garner E-mail address: dgarner12881@gmail.com PHONE:432-685-1022 For State Use Only					
APPROVED BY:	Zeeo TITLE 57	Toff mge	DATE	5-25-17	