Submit 1 Copy To Appropriate District Office	State of New Mo		Form C-10 Revised July 18, 20	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	5 N. French Dr., Hobbs, NM 88240 trict II - (575) 748-1283 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		WELL APLNO	10
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210			30-015- 260078 26078 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 S FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8	7303	6. State Oil & Gas Lease No. NMNM88491X	
87505 SUNDRY NOTIC	CES AND REPORTS ON WELLS	S	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLICA			Parkway Delaware Unit	
PROPOSALS.)			8. Well Number 902	
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other		9. OGRID Number	
Colgate Operating, LLC			371449	
3. Address of Operator 306 West Wall Street, Suite 500			10. Pool name or Wildcat Parkway; Delaware	
4. Well Location				
	et from the North line and 330			
Section 36 Townshi	p 19S Range 29E 11. Elevation (Show whether DR	NMPM P PKR PT CP etc.)	County Eddy .	G\$135
	GL 3,339	., KKB, KI, GK, eic.)		
12. Check A	ppropriate Box to Indicate N	lature of Notice, I	Report or Other Data	
NOTICE OF IN		1	SEQUENT REPORT OF:	_
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON PULL OR ALTER CASING □	CHANGE PLANS MULTIPLE COMPL	COMMENCE DRIL		
DOWNHOLE COMMINGLE		O TO TO CATE IT		
CLOSED-LOOP SYSTEM	 1	OTUED.	-	-
OTHER: 13. Describe proposed or complete.	eted operations. (Clearly state all	OTHER:	give pertinent dates, including estimated of	<u> </u>
of starting any proposed wor	k). SEE RULE 19.15.7.14 NMA	C. For Multiple Con	pletions: Attach wellbore diagram of	
proposed completion or reco	mpletion.			
			plans to utilize this proposed extension to	
have the proper time to evaluate the h	ydrocarbon potential or make the	decision to PA the w	ell.	
TA status may be a			granted after a	
successful MIT te			t is performed.	
			o schedule the test	
so it may be with			essed.	
		LAST PR	er 6/1/2015	
Spud Date:	Rig Release D	ate:		
the state of the s	######################################	<u> </u>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
1 DATE OF	\sim			
SIGNATURE TILL	TITLE	Operations Tech	DATE <u>June 22, 2017</u>	
Type or print name Mikah Thom	E-mail address: _mika	ah.thomas@yahoo.co	m PHONE: (432) 695-4272	

APPROVED BY: PLY HAD NOT TITLE COMPLIANCES OFFICER DATE 6/22/17
Conditions of Approval (if any):