Submit I Copy To Appropriate District Office District I – (575) 393-6161 State of New Mexico RECEIVEDergy, Minerals and Natural Resource	Form C-103 Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 AUG 2 4 2018 CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa DISTRICT II-ARTESIA O.C.D. 87505	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	e.ti ii e e e e e e e e e e e e e e e e e
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 121
2. Name of Operator	9. OGRID Number
REMNANT OIL OPERATING. LLC	370922
3. Address of Operator PO BOX 5375, Midland, TX 79704	10. Pool name or Wildcat SQUARE LAKE; GRAYBURG-SAN ANDRES
4. Well Location Unit Letter H: 1330 feet from the N line and 1310 feet from the E line	
Section 36 Township 16S Range 30E	from the E line County EDDY
11. Elevation (Show whether DR, RKB, RT, G	
	- L
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	WORK ALTERING CASING
	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/C DOWNHOLE COMMINGLE	EMENT JOB
OTHER: OTHER:	RETURN TO PRODUCTION
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.	
05/10/2018	
WELL WAS DOWN WITH A STUCK PUMP. PUMPED FRESH WATER DOWN TUBING. GOT PUMP STROKING AND RETURNED WELL TO PRODUCTION.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Regulatory Affairs Coordinator DATE: 08/21/2018	
Type or print name Carie Stoker E-mail address: carie@stokeroilfield.com PHONE: 432.664.7659	
APPROVED BY: DATE 8-24-18 Conditions of Approval (if any):	