Submit Copy To Appropriate District	State of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-015-05098
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FED 🔀
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	,	
87505 SUNDRY NOT	FICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	J L Keel A
PROPOSALS.)		8. Well Number #010
1. Type of Well: Oil Well   2. Name of Operator	Gas Well 🛛 Other INJECTION	9. OGRID Number
	and Gas Operating Inc	372000
3. Address of Operator		10. Pool name or Wildcat
	er Blvd, Hobbs, NM 88240	Grayburg Jackson: SR-Q-G-SA
4. Well Location Unit Letter I :	1980 feet from the South line and 660	feet from the East line
Section 7	Township 17S Range 31E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, et	
	GL 3,711'	
12 Check	Ammonisto Dou to Indicato Noturo of Notic	a Ranart ar Other Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		ORK  Image: Altering Casing Image: Alte
PULL OR ALTER CASING		
		—
		MIT 🛛
OTHER: 13. Describe proposed or com	pleted operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
Performed MIT for 5 year pressure	: test @ 540psi	
Well Passed Attached is copy of MIT Chart		
		RECEIVED
		DEC 1 7 2018
		DISTRICT II-ARTESIA O.C.D.
		DISTRICT IFARTESIA U.C.D.
Spud Date:	Rig Release Date:	
		<u></u>
I hereby certify that the informatio	n above is true and complete to the best of my knowle	dge and belief.
STONATURE IACA	that TITLE Avalantes	Mar DATE 12/12/18
SIGNATURE		
Type or print name	E-mail address:	PHONE:
For State Use Only	· · · · · · · · · · · · · · · · · · ·	
APPROVED BY: Den	( TITLE COMON CODE	- Dficer DATE 12. 17-18
Conditions of Approval (if any):	<u> </u>	

