

Submit 1 Copy To Appropriate District Office

District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-23350
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator RAY WESTALL OPERATING, INC.		6. State Oil & Gas Lease No. B11594-6
3. Address of Operator P.O. BOX 4, LOCO HILLS, NM 88255		7. Lease Name or Unit Agreement Name STATE B 14
4. Well Location Unit Letter P : 660' feet from the SOUTH line and 990' feet from the EAST line. Section 14 Township 18S Range 28E NMPM County EDDY		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538.5'		9. OGRID Number 119305
		10. Pool name or Wildcat SWD; WOLFCAMP CISCO STRAWN

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: M.I.T.

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.

M.I.T. WAS PERFORMED PER OCD REGULATIONS. M.I.T. WAS SUCCESSFUL, SEE ATTACHED CHART.

RECEIVED

APR 08 2019

Spud Date:

Rig Release Date:

DISTRICT II-ARTESIA O.C.D.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *René Hope* TITLE BOOKKEEPER DATE 4/3/19

Type or print name RENE HOPE E-mail address: PHONE: 575-677-2370

For State Use Only

APPROVED BY: *Daniel* TITLE Compliance Officer DATE 4-9-19

Conditions of Approval (if any):