

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

Form C-103  
Revised July 18, 2013

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-015-20254
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator K. P. Kauffman		6. State Oil & Gas Lease No. BLM Lease (NMNM-01090)
3. Address of Operator 1675 Broadway Suite 2800 Denver Co. 80202		7. Lease Name or Unit Agreement Name East Shugart Unit
4. Well Location Unit Letter <u>M</u> : <u>330</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>W</u> line Section <u>34</u> Township <u>18S</u> Range <u>31E</u> NMPM LEA County		8. Well Number <u>32</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3643		9. OGRID Number 228296
		10. Pool name or Wildcat Shugart (Y-SR-QN-GB)

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

**NOTICE OF INTENTION TO:**  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
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.

13. State ordered M.I.T. Test

RECEIVED

MAY 22 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date:

Rig Release Date:

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

SIGNATURE

*Dimas Herrera*

TITLE

*G.M.*

DATE

*5-21-19*

Type or print name

*Dimas Herrera*

E-mail address:

*dherrera@jwsnm.com*

PHONE:

*575-748-5140*

**For State Use Only**

APPROVED BY:

*Dahl*

TITLE

*Compliance Officer*

DATE

*5-23-19*

Conditions of Approval (if any):