Submit I Copy To Appropriate Distric	5	State of New Mexico			Form C-103		
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 8824			esources.	Revised July 18, 2013 WELL API NO.			
District II - (575) 748-1283		NSERVATION DIV	/ISION	30-0	15-45797		
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	First St., Artesia, NM 88210 Ct.III – (505) 334-6178 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type o			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505				STATE (2)			
1220 S. St. Francis Dr., Santa Fe, NM 87505							
	NOTICES AND REPO	ORTS ON WELLS		7. Lease Name or	Unit Agreement Name		
(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				ROSE			
PROPOSALS.)				8. Well Number	511		
1. Type of Well: Oil Well				9. OGRID Number			
SPUR ENERGY PARTNERS LLC				328947			
3. Address of Operator				10. Pool name or Wildcat			
920 MEMORIAL CITY WAY, SUITE 1000, HOUSTON, TX 77024				PENASCO DRAV	V; SA YESO (ASSOC)		
4. Well Location Unit Letter LOT1	· 1408 feet f	rom the NORTH	line and 98	36 feet from	the WEST line		
Section 7	19S Town		_ inic and		County		
		Show whether DR, RKE	R, RT, GR, etc.)				
		3379'					
12 Ch-	ala Auguspuista Da	to Indicate Natur	of Notice 1	Damant an Othan I	Doto		
12. Cne	ck Appropriate Bo	ox to Indicate Nature	e of Nouce, i	Report or Other I	Jata		
	F INTENTION TO			SEQUENT REF			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORF TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII					ALTERING CASING 🗌 PAND A		
TEMPORARILY ABANDON PULL OR ALTER CASING	☐ MULTIPLE CC		SING/CEMENT		P AND A LI		
DOWNHOLE COMMINGLE							
CLOSED-LOOP SYSTEM			JED. OBLI	5	₩.		
OTHER: 13. Describe proposed or of	completed operations		HER: SPU		X including estimated date		
of starting any propose	ed work). SEE RULE	19.15.7.14 NMAC. Fo	r Multiple Con	npletions: Attach we	ellbore diagram of		
proposed completion of	or recompletion.						
6/2/19 -Snud W	الم'			MA	A OH DONA		
6/2/19 -Spud Well.					ARTESIA DISTRICT		
					DEC 0 3 2019		
					DPART		
					RECEIVED		
•							
		_, _, _,					
Spud Date: 6/2/19		Rig Release Date:	6/	11/19	/ Ar		
I hereby certify that the informa	ation above is true and	complete to the best of	my knowledge	e and belief.			
2	n .	1	•				
SIGNATURE STALL	harman	TITLE REGULAT	ORY DIRECT	OR DA	TE 12/2/2019		
	1				· · · · · · · · · · · · · · · · · · ·		
Type or print name SARAH C	HAPMAN	E-mail address: SC	HAPMAN@SPUF	REPLLC.COM PHO	ONE: 832-930-8613		
For State Use Only					. 1		
APPROVED BY:	101		_	D.10	nn /u /16		
	y that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY DIRECTOR DATE 12/2/2019 E-mail address: SCHAPMAN@SPUREPLLC.COM PHONE: 832-930-8613						