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Submit One Copy To Appropriate Distant 1 0 2020 State of New Mexico	Form C-103
State of New Mexico Office District I 1625 N. French Dr., HobEMNRD-OCD ARTESIA District II OH. CONSERVATION DIVISION	Povised Nevember 2, 2011
District I	ces Revised November 3, 2011 WELL API NO.
District II	30-015-21140
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISIO	
District III 1220 South St. Francis Dr	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS 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	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 1G
2. Name of Operator	9. OGRID Number
Fasken Oil and Ranch, Ltd.	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat
6101 Holiday Hill Road, Midland, TX 79707	
	N. Seven Rivers; Glorieta Yeso (97565)
4. Well Location	
Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>E</u>	<u>ast</u> line
Section 29 Township 20S Range 25E NMPM County Ed	ldy
11. Elevation (Show whether DR, RKB, RT,	The state of the s
3452' GL	1. Sec. 19
12. Check Appropriate Box to Indicate Nature of Notice, Report or C	Other Data
12. Check rippropriate Box to indicate reactive of reduce, Report of	The Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIA	
<u> </u>	ICE DRILLING OPNS: P AND A
	CEMENT JOB
Will also the state of the stat	OEWEINI OOD
	ion is ready for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of	
Rat hole and cellar have been filled and leveled. Cathodic protection holes have	
A steel marker at least 4" in diameter and at least 4' above ground level has be	
<u> </u>	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMB	ER, QUARTER/QUARTER LOCATION OR
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFOR	
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	
The location has been leveled as nearly as possible to original ground contour	and has been cleared of all junk, trash, flow lines and
other production equipment.	•
Anchors, dead men, tie downs and risers have been cut off at least two feet bell	
If this is a one-well lease or last remaining well on lease, the battery and pit look	
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lin	ies, production equipment and junk have been removed
from lease and well location.	· · · · · · · · · · · · · · · · · · ·
All metal bolts and other materials have been removed. Portable bases have be	en removed. (Poured onsite concrete bases do not have
to be removed.)	
All other environmental concerns have been addressed as per OCD rules.	
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10	NMAC. All fluids have been removed from non-
retrieved flow lines and pipelines.	
If this is a one-well lease or last remaining well on lease: all electrical service p	poles and lines have been removed from lease and well
location, except for utility's distribution infrastructure.	
When all work has been completed, return this form to the appropriate District office	ce to schedule an inspection.
SIGNATURE COLL TITLE Regulatory	A L 4 D A TE 1/0/00
SIGNATURE TITLE Regulatory	Analyst DATE <u>1/8/20</u>
TWDE OD DDINT NAME Addison Coollism BAAR ST. OC	oul com DLIONE: 422 (97 1777
TYPE OR PRINT NAME Addison Guelker E-MAIL: addisong@fo	orl.com PHONE: <u>432-687-1777</u>
For State Use Only	
APPROVED BY: TITLE 5/4 H	DATE 1/23/2
	Mgr DATE 1/27/20
Conditions of Approval (if any):	/