Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Ene 1625 N. French Dr., Hobbs, NM 88240	ergy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II (575) 748 1283		30-045-31250
811 S. First St., Artesia, NM 88210	L CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES ANI (DO NOT USE THIS FORM FOR PROPOSALS TO D		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FO		Apperson
PROPOSALS.)	☐ Other	8. Well Number 001E
1. Type of Well: Oil Well Gas Well 2. Name of Operator	Other	9. OGRID Number 20208
San Juan Resources, INC.		7. OGRID IVallioer 20200
3. Address of Operator		10. Pool name or Wildcat
1499 Blake St. #10C Denver Co 80202		Blanco Mesa Verde/ Basin Dakota
4. Well Location		
Unit Letter I : 196 feet from the FSL line and 670 feet from the FEL line		
	wnship 30N Range 11W	NMPM County San Juan
	vation (Show whether DR, RKB, RT, GR, etc.	
5778		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION		SEQUENT REPORT OF:
	AND ABANDON REMEDIAL WOR	_
-	GE PLANS COMMENCE DR	
	PLE COMPL CASING/CEMEN	T JOB \square
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER:	\bowtie
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.		
San Juan Resources returned to the Apperson #001E back to production on 3/35/2020 with 39 mcf gas.		
San Juan Resources returned to the Apperson	#001E back to production on 3/33/2020 with	39 mer gas.
		OCD Received
		3/30/2020
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 TITLE Agent/ Regulatory Compliance Manager DATE3/30/20		
Type or print name Vanessa Fields	E-mail address: vanessa@walsheng.net	PHONE: 505-787-9100
For State Use Only	_ L-man addicss. valicssa@waishchg.ilet	111OINEJUJ-/0/-71UU
NMOCD accepted for record		
APPROVED BY:_	_TITLE	DATE
Conditions of Approval (if any):	AV	