Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District 11 – (575) 748-1283	OIL CONSERVATION DIVISION	30-045-31009
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		NMSF-080384B
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS  SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name N/A
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number Hiccup A No. 002R
Name of Operator     D. J. Simmons, Inc.		9. OGRID Number N/A
Address of Operator     1009 Ridgeway Place, Farmington	ı. NM 87401	10. Pool name or Wildcat Basin / FC
4. Well Location	, 1.1.2	243
	:_725feet from theSouth line and _	986feet from theWestline
Section 3	Township 26N Range	12W NMPM San Juan County
11. Elevation (Show whether DR. RKB, RT, GR, etc.) 6,076 GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		•
		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON ☐ REMEDIAL W CHANGE PLANS ☐ COMMENCE	/ORK ☐ ALTERING CASING ☐ ☐ DRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEN	<del></del>
DOWNHOLE COMMINGLE	_	_
CLOSED-LOOP SYSTEM		
OTHER:	Detect operations (Clearly state all pertinent details	a, and give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple	
D. J. Simmons, Inc. proposes to use	a closed-loop system to Plug and Abandon the sub	ject well. RCVD FEB 18 '14 OIL CONS. DIV.
		DIST. 3
		520112
Spud Date:	Rig Release Date:	
Spud 15ate.	Mig Release Bale.	
		,
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE COPOR TITLE Regulatory Specialist DATE 02/13/2014		
Type or print nameChris S. Lopez E-mail address:clopez@djsimmons.com PHONE:(505) 326-3753		
For State Use Only		
APPROVED BY: 24 15-16	TITLE District	
Conditions of Approval (if any):	e District	· <del></del> · <del>-</del>