Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District 1 - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-039-26788 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM E-347 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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH **ROSA UNIT** PROPOSALS.) 8. Well Number #026B 1. Type of Well: Oil Well Gas Well 🛛 Other 2. Name of Operator 9. OGRID Number WPX ENERGY PRODUCTION, LLC. 120782 3. Address of Operator 10. Pool name or Wildcat PO BOX 640 AZTEC NM 87410 BLANCO MV/BASIN MC 4. Well Location : 1380 feet from the NORTH line and 2450' feet from the EAST Unit Letter G line Section Township 31N Range 5W **NMPM** County RIO ARRIBA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON ☐ PERFORM REMEDIAL WORK □ REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A \Box П PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB П DOWNHOLE COMMINGLE RESUME PRODUCTION OTHER: 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. The Rosa Unit #026B was inactive for a period greater than 90 days, the well resumed production on FEB 28, 2015. OIL CONS. DIV DIST. 3 MAR 23 2015 10/19/2001 Rig Release Date: Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE PERMIT TECH DATE 3/19/15_____ **SIGNATURE** E-mail address: lacey.granillo@wpxenergy.com PHONE: 333-1816 Type or print name LACEY GRAD For State Use Only ACCEPTED FOR RECORD TITLE DATE APPROVED BY: Conditions of Approval (if any):