Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	1793		30-045-30101
811 S. First St., Artesia, NM 88210			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 8/505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		17036	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Rosa Unit	
1. Type of Well: Oil Well Gas Well Other			8. Well Number : 185
2. Name of Operator WPX Energy Production, LLC		9. OGRID Number 120782	
3. Address of Operator		10. Pool name or Wildcat	
P.O. Box 640, Aztec NM, 87410		Blanco MV / Basin DK	
4. Well Location			
Unit Letter F : 1790' feet from the North line and 1928' feet from the East line			
Section 16 31N Township 6W Range NMPM san juan County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		<u> </u>
TEMPORARILY ABANDON			_
<u> </u>	<u> </u>		
DOWNHOLE COMMINGLE		0.10.10.2.2	
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OTHER:			Resume Production 🛛
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.			
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The Rosa Unit #185 was inactive for more than 90 days, the well has resumed back to production as of			
5/31/15.			
OIL CONS. DIV DIST. 3			
			H H : A A 204E
			JUL 0 2 2015
Spud Date:	Rig Release Da	ite:	
Spud Date.	rug resease su		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the intofination above is true and complete to the best of my knowledge and benefit			
SIGNATURE // \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Type or print name Lacey Granillo E-mail address:lacey.granillo@wpxenergy.com PHONE:_505-333-1816			
For State Use Only			
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):	1,11,1,1		X
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