

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.)		WELL API NO. 30-045-32165
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator GREAT WESTERN DRILLING COMPANY		6. State Oil & Gas Lease No. 33867
3. Address of Operator P.O. BOX 1659 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name CALLOW FEDERAL
4. Well Location Unit Letter <u>K</u> : 1970 feet from the <u>SOUTH</u> line and <u>2450</u> feet from the <u>WEST</u> line Section <u>33</u> Township <u>29W</u> Range <u>13W</u> NMPM County <u>SAN JUAN</u>		8. Well Number 1F
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5874 <u>GR</u>		9. OGRID Number 009338
		10. Pool name or Wildcat BASIN DAKOTA (PRORATED GAS)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: RESUME PRODUCTION <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

WELL HAD BEEN SHUT IN SINCE JANUARY 2014. RETURNED WELL TO PRODUCTION JUNE 2, 2015. PRODUCTION REPORTS ARE BEING FILED.

OIL CONS. DIV DIST. 3

SEP 04 2015

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 Pary Billingsley TITLE AREA ENGINEER DATE 09/01/2015

Type or print name CARY BILLINGSLEY E-mail address: cbillingsley@gwdc.com PHONE: (432)682-5241

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

KC