

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-045-35093
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NEBE
8. Well Number 1
9. OGRID Number 265076
10. Pool name or Wildcat Kutz Pictured Cliffs west
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5284' GR.

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
PNL OPERATING

3. Address of Operator
POB 2787 CASPER, WY 82402

4. Well Location
Unit Letter **7** : **1965** feet from the **NORTH** line and **1885** feet from the **WEST** line
Section **28** Township **29N** Range **13W** NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5284' GR.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
CANCELLED PLANS TO
OTHER: **DRILL WELL.** ☒

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.

- NA -

OIL CONS. DIV DIST. 3
APR 20 2017

Spud Date:

- NA -

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

[Signature]

TITLE

MANAGING MEMBER

DATE

4/17/2017

Type or print name

LANCE NEIBERGER

E-mail address:

lancene@tribcsp.com

PHONE:

307.577.1990

For State Use Only

APPROVED BY:

[Signature]

TITLE

LINE MANAGER II

DATE

5-1-17

Conditions of Approval (if any):