NMOCD

APR 1 2 2018

Submit One Copy To Appropriate District Office	State of New Me		CT 111	Form C-103
District I	Energy, Minerals and Natu	ral Resources	WELL API NO.	Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240 District II	OH COMBERNATION DRIVEY		30-039-26669	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of	f Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE x
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87	/505	6. State Oil & Gas	Lease No.
87505				
SUNDRY NOTICES AND REPORTS ON WELLS				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			Cougar Com 33	
PROPOSALS.)			8. Well Number 1 M	
1. Type of Well: Oil Well x Gas Well Other				
2. Name of Operator McElvain Energy, Inc.			9. OGRID Number 22044	
3. Address of Operator			10. Pool name or Wildcat	
1050 17th St Ste. 2500 Denver CO 80	0265 M-33-26N-02W 795 FS	SL 850 FWL	Basin Dakota	100000000000000000000000000000000000000
4. Well Location				
Unit Letter M: 795 feet from the SOUTH line and 850 feet from the WEST line				
Section 33 Township 26N Range 02W NMPM 6 County Rio Arriba				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
7455				
12. Check Appropriate Box to I	ndicate Nature of Notice, R	eport or Other Da	ata	
NOTICE OF INTENTION TO: SUBS			SEQUENT REP	ORT OF
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR				ALTERING CASING
TEMPORARILY ABANDON			LING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB	
OTHER:	П	☑ Location is ro	adv for OCD inense	otion after D&A
OTHER:				
X Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
X A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME I FASE NAME WELL NUMBER ARINUMPER QUARTER/QUARTER LOCATION OR				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
X The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.				
X Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
X If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.				
X All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)				
X All other environmental concerns have been addressed as per OCD rules.				
X Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
X If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.				
went to dutter, except for dutity 3 distribution initiastration.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
SIGNATURE Jony Coop	TITLE	Regulatory 1	Manager D	ATE 4-12-18
TITLE Regulatory Manager DATE 4-12-18  TYPE OR PRINT NAME Tony Cooper E-MAIL: tony Cooper Gmcelvous can PHONE: 303 501 0004  For State Use Only  APPROVED BY: District #3  DATE 4-13-18				
To state Use Only Acquired Treblems Deputy Oil & Gas Inspector, U = 12 - 19				
APPROVED BY: / District #3 DATE 9-15-18				