Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resou	rces Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	ON 30-045-21258
District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Salita I C, INIVI 87505	6. State Oil & Gas Lease No.
87505		NMNM 75822
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	LEE
1. Type of Well: Oil Well	Gas Well Other	
		8. Well Number #1
2. Name of Operator		9. OGRID Number
San Juan Resources Inc.		020208
3. Address of Operator		10. Pool name or Wildcat
1499 Blake St., Suite 10C, Denver,	CO 80202	Basin Dakota
4. Well Location		
Unit Letter H :	1785 feet from the North line a	nd 1190 feet from the East line
Section 30	Township 30N Range 1	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
5701' GR		
		· · · · · · · · · · · · · · · · · · ·
12 Check A	appropriate Box to Indicate Nature of N	Notice Report or Other Data
12. Check I	appropriate Box to maleute reature of t	votice, report of other Data
NOTICE OF IN	TENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
		NCE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		_
CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER:	Return Well to Production
13. Describe proposed or compl		etails, and give pertinent dates, including estimated date
		tiple Completions: Attach wellbore diagram of
proposed completion or recompletion.		
		NMOCD
March 5, 2018. Suighbod well and not an alumous assisted anadystics. MAR 2 1, 2018		
March 5, 2018 – Swabbed well and put on plunger assisted production.		
		DISTRICT III
		2 months
Spud Date:	Rig Release Date:	
I hereby certify that the information a	above is true and complete to the best of my k	nowledge and belief.
,		2
SIGNATURE Maria 1	TITLE Producti	on Tech. DATE 3 - 12-18
	711	DYIONE 505 005 1000
Type or print name Malia	Villers E-mail address: malia@	walsheng.net PHONE: 505-327-4892
For State Use Only	Deputy Oil & C	as inspector,
APPROVED BY: Bold	Distri	ct #3
APPROVEDBY.	TITLE	
Conditions of Approval (if any):	TITLE BISSIN	DATE 1 6 0 10