Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-045-30244
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		FEE
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
,	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ION FOR PERMIT" (FORM C-101) FOR SUCH	WALKER
PROPOSALS.)	TOWN CONTROL (TORM C-101) TOR SOCI	0. W. II.N. 1
1. Type of Well: Oil Well Ga	s Well 🛛 Other	8. Well Number
2. Name of Operator HILCORP ENERGY COMPANY		9. OGRID Number
3. Address of Operator		372171 10. Pool name or Wildcat
382 Road 3100, Aztec, NM 87410		BASIN FRUITLAND COAL
4. Well Location		
	the <u>SOUTH</u> line and <u>1165</u> feet from the <u>WEST</u> l	
	hip 29N Range 12W NMPM 1. Elevation (Show whether DR, RKB, RT, GR, etc.	County SAN JUAN
5805' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
	MULTIPLE COMPL CASING/CEMEN	NT JOB \square
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	☑ MIT TEST/ TA EXTENSION
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.		
An MIT was performed on the subject well on 9/30/2019. PT 600#/30 min, test good, a BH test was also performed. Witnessed by John		
Durham @ NMOCD. Please see the attached chart. Hilcorp Energy Company requests permission to extend the TA status to review for future potential.		
	inte	
		NMOCD
		OCT n 2 2019
	035011	PISTRICT III
1 A EXPI	res-9.30.24	TOTAL TIL
Spud Date:	Rig Release Date:	
I house courtify that the information of	is two and complete to the best of any language	as and halise
Thereby certify that the information abo	ove is true and complete to the best of my knowled	ge and belief.
(NO CONTRACTOR		
SIGNATURE TITLE Operations/Regulatory Technician – Sr. DATE 10/1/2019		
Type or print name Amanda Walker E-mail address: mwalker@hilcorp.com PHONE: (505)324-5122		
For State Use Only		
APPROVED BY: BURGH TITERIPERVISOR DISTRICT #3 DATE 10/17/19		
Conditions of Approval (if any):	P	Dittle /
	V	

