Submit 1 Copy To Appropriate District Office		State of New Mexico		2 2019 AFOrm C-103	
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources  N. French Dr., Hobbs, NM 88240  et II – (575) 748-1283  Sirist St., Artesia, NM 88210  et III – (505) 334-6178  Rio Brays Rd. Attes, NM 87410  1220 South St. Francis Dr.		Revised July 18, 2013 WELL API NO.		
District II – (575) 748-1283			30-007-20143		
811 S. First St., Artesia, NM 88210			5. Indicate Type o	f Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE [	_	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87	7505	6. State Oil & Gas	Lease No.	
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS	UG BACK TO A		Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			VPR A  8. Well Number	42	
1. Type of Well: Oil Well ☐ Gas Well ☒ Other Water Disposal  2. Name of Operator				9. OGRID Number:	
Wapiti Operating, LLC			328741		
3. Address of Operator P.O Box 190 Raton N.M 87740			10. Pool name or Wildcat		
4. Well Location					
Unit Letter_F_:_1619	feet from the North line	e and2511	feet from the	_Westlin	
Section 01		ige 19E	NMPM	County Colfax	
	11. Elevation (Show whether DR, 8289'	, RKB, RT, GR, etc	2.)	and the second second	
			125 CHESCO		
12. Check	Appropriate Box to Indicate N	ature of Notice	, Report or Other I	Data	
NOTICE OF IN	ITENTION TO:	SHE	BSEQUENT REF	ORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					
TEMPORARILY ABANDON			The second secon		
PULL OR ALTER CASING			NT JOB		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM					
OTHER:		OTHER:	Mechanical Integrity T	est	
	oleted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC	pertinent details, a			
proposed completion of rec	ompletion.				
6/27/2019: Performed MIT on tubin	g / annulus neld for 30 min (see attached chart)				
ressured test to 500 psi i	icid for 50 mm (see attached chart)				
			pecord		
		scepted F	or Record		
		CCOP			
Spud Date:	Rig Release Da	nte:			
Spud Date.	Kig Kelease Da	iic.			
I hereby certify that the information	above is true and complete to the be	est of my knowled	ge and belief.		
SIGNATURE Alath Goz	TITLE (a)	ed hole (	Coversan DAT	TE <u>7/2/20</u>	
Type or print name _Matt Berry For State Use Only	,				
APPROVED BY:	TITLE		DAT	Έ	
Conditions of Approval (if any):	IIILL		DAI		

