

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-45571
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator RIDGE RUNNER RESOURCES OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1004 N. BIG SPRING STREET, SUITE 325, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name TRITON STATE
4. Well Location Unit Letter <u>  N  </u> : <u>  100  </u> feet from the <u>  SOUTH  </u> line and <u>  2319  </u> feet from the <u>  WEST  </u> line Section <u>  13  </u> Township <u>  21S  </u> Range <u>  34E  </u> NMPM County <u>  LEA  </u>		8. Well Number 002H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3645' GLE		9. OGRID Number 373013
		10. Pool name or Wildcat WILSON; BONE SPRING, NORTH

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

CORRECT N/S LINE ON SURFACE LOCATION FROM 100 FNL TO 100 FSL.

CORRECT SURFACE LOCATION ON C-102 PLAT FROM 2319 FWL TO 2318 FWL

AND

CORRECT BOTTOM HOLE LOCATION ON C-102 PLAT FROM 2320 FWL TO 2319 FWL.

**OCD – HOBBS**  
**02/12/2019**  
**RECEIVED**

Spud Date:

Rig Release Date:

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

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ REGULATORY ANALYST \_\_\_\_\_ DATE \_\_\_\_\_ 2/12/19 \_\_\_\_\_

Type or print name \_\_\_\_\_ MICHELLE SENA \_\_\_\_\_ E-mail address: \_\_\_\_\_ MSEN@3ROPERATING.COM \_\_\_\_\_ PHONE: \_\_\_\_\_ 432-684-7877 \_\_\_\_\_

**For State Use Only**

APPROVED BY:  TITLE **Petroleum Engineer** DATE **02/12/2019**  
Conditions of Approval (if any): \_\_\_\_\_