Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 8824	BBS OCD	WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-041- 20969
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OT 07 20161220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NMR 87505	CEIVED	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		
PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Annapurna 20
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 1H
2. Name of Operator		9. OGRID Number 371115
Rockcliff Operating New Mexico	LLC	3. GOLD THINGS OF THE
3. Address of Operator		10. Pool name or Wildcat
1301 McKinney, Suite 1300, Houston TX 77010		Wildcat; San Andres
4. Well Location		
Unit Letter: P	170 feet from the South line and 355 fe	et from the East line
_		
Section 17	Township 8 S Range 34 E	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	;.)
。 1000年1月1日 - 1000年1月1日 - 1	4294' GL	
12. Check	Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF I	ATTENTION TO:	OCCUPAT DEPORT OF
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	53 SECTION 13 ST 15 SECTION 1 PROPERTY SECTION 1 SECTION	
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR <u>ALTER CASING</u>		NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	The state of the s
	pleted operations. (Clearly state all pertinent details, an	
	vork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or re	completion.	
Will change production casing TOC from GL to 1760'.		
APD filed 10-1-16, API # not yet assigned.		
Spud Date:	Rig Release Date:	
I house contifu that the information	a above is true and complete to the best of my knowled	go and haliaf
Thereby certify that the information	above is true and complete to the best of my knowled	ge and benef.
16 1	/ ⁸ .	
SIGNATURE	TITLE Consultant	DATE 10-2-16
SIGNATURE	TITLE Consultant	DATE <u>10-3-16</u>
Type or print name Prion Wood	E mail address: hrian@normitewest ser	PHONE: (505) 466 9120
Type or print name Brian Wood	E-mail address: <u>brian@permitswest.com</u>	PHONE: (505) 466-8120
For State Use Only	Petroleum En	gineer / /
APPROVED BY:	TITLE	DATE 10/07/16
Conditions of Approval (Lany):	my III.	0111 10 10 1116
Conditions of Apployal La uily J.		