

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

SUNDRY NOTICES AND REPORTS ON WELLS (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. 30-025-24761
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Rice Operating Company		6. State Oil & Gas Lease No.
3. Address of Operator 112 West Taylor, Hobbs, NM 88240		7. Lease Name or Unit Agreement Name Justis SWD
4. Well Location Unit Letter <u>B</u> : <u>880</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>12</u> Township <u>25S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>B-12</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3102' GL; 3114' KB		9. OGRID Number
		10. Pool name or Wildcat SWD; San Andres

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 type="checkbox"/>		OTHER: MIT with Chart <input checked="" 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.

Ran MIT with Chart Witnessed by _____ on _____

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 Israel Juarez TITLE Foreman DATE 8-21-20

Type or print name Israel Juarez E-mail address: ijuarez@riceswd.com PHONE: 575-393-9174

For State Use Only

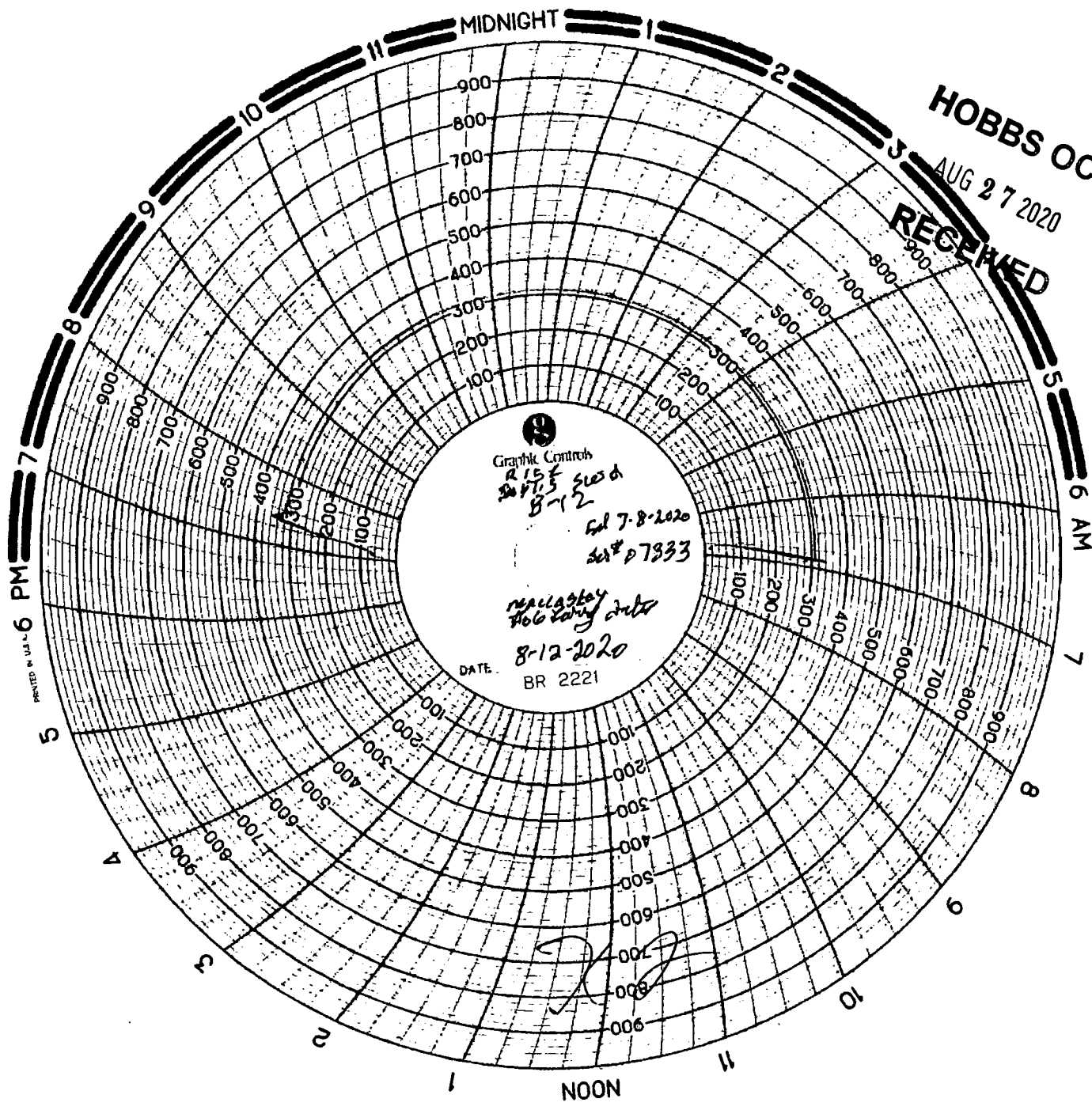
APPROVED BY: Kerry Fort TITLE CO A DATE 8-27-20

Conditions of Approval (if any):

HOBBS OCD

AUG 27 2020

RECEIVED



Graphic Controls
R15 F
2015.5
8-12

Jul 7-8-2020

Set # P7933

replacgkay
Hobbs OCD

8-12-2020

DATE BR 2221