

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
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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. 30-015-31123
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 Grizzly Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 5847 San Felipe St., Suite 3000, Houston, TX 77057		7. Lease Name or Unit Agreement Name NO BLUFF 36 STATE COM
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>460</u> feet from the <u>East</u> line Section <u>36</u> Township <u>17S</u> Range <u>27E</u> NMPM County <u>Eddy</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3634' GR		9. OGRID Number 258350
		10. Pool name or Wildcat CLAYTON BASIN; YATES-SEVEN RIVERS

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

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

- 11/12/20 Set CIBP at 9827'. Spot 25 sx class H cmt on top of CIBP at 9827'. Tag TOC at 9548' inside 5 1/2 csg.
- 11/13/20 Perf at 9514'. Could not get inject rate. Notify Gilbert w/OCD. Drop down to 9548'. Spot 25 sx class H cmt. Tag TOC at 9339' inside 5 1/2 csg. Perf at 8931'. Could not get inject rate. Drop down to 8981'. Spot 25 sx class H cmt. Tag TOC at 8768' inside 5 1/2 csg.
- 11/16/20 Perf at 8400'. Could not get inject rate. Notify Gilbert w/OCD. Drop down to 8450'. Spot 35 sx class H cmt. Tag TOC at 8144' inside 5 1/2 csg.
- 11/17/20 Perf at 6740'. Sqz'd 50 sx class C cmt. Tag TOC at 6619' inside 5 1/2 csg. Perf at 5018'. Sqz'd 50 sx class C cmt. Tag TOC at 4894' inside 5 1/2 csg.
- 11/18/20 Perf at 4109'. Sqz'd 50 sx class C cmt. Tag TOC at 3958' inside 5 1/2 csg. Perf at 3199'. Sqz'd 50 sx class C cmt. Tag TOC at 3050' inside 5 1/2 csg.
- 11/19/20 Perf at 2052'. Sqz'd 50 sx class C cmt. Tag TOC at 1882' inside 5 1/2 csg. Perf at 475'. Circulate 320 sx class C cmt to surface inside and behind 5 1/2 - 8 5/8 csg. Cut off wellhead, back free location. RD P&A equipment. Job completed.


Spud Date: Rig Release Date:

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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

SIGNATURE  TITLE Agent DATE 10/29/20

Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600
For State Use Only

APPROVED BY:  TITLE Staff Manager DATE 12/29/2020
 Conditions of Approval (if any):

District I
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CONDITIONS

Action 11742

CONDITIONS OF APPROVAL

Operator:	SUNSET WELL SERVICE HOLDINGS I	P.O. Box 7139	Midland, TX79708	OGRID:	235634	Action Number:	11742	Action Type:	C-103F
OCD Reviewer	Condition								
gcordero	None								