Type or print name _ For State Use Only

John Denman

E-mail address:

john@lhoperating.com

PHONE:

575-909-0149

DATE

Manager

DATE

6/30/2022

Conditions of Approval (if any):

APPROVED BY:

SIGNATURE

Spud Date:

Rig Release Date:

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

Page 1 of 4

Submit 1 Copy To Appropriate District Office

		_	<u></u>		es	
6 State Oil & Gas I ease No	STATE FEE	Indicate Type of Lease	30-015-05414	WELL API NO.	Revised July 18, 2013	COT_OTHER

11. Elevation	Section 26	Unit Letter G: 1880 fee	4. Well Location	4809 Cole Ave, Ste 200 Dallas, TX 75205	Address of Operator	LH Operating	2. Name of Operator	1. Type of Well: Oil Well Gas Well G	PROPOSALS.)	(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	SUNDRY NOTICES AND REPORTS ON WELLS	87505	1220 S. St. Francis Dr., Santa Fe, NM	<u>District IV</u> – (505) 476-3460	NM 87410		811 S. First St., Artesia, NM 88210 OIL C	<u>District II</u> – (575) 748-1283	1625 N. French Dr., Hobbs, NM 88240	<u>District I</u> – (575) 393-6161 Energy,
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	Township 17S Range 31E	1880 feet from the <u>S</u> line and <u>1980</u>						Gas Well ☐ Other ☑ - WIW		OR TO DEEPEN OR PLUG BACK TO A RMIT" (FORM C-101) FOR SUCH	PORTS ON WELLS			Santa Fe, NM 8/505	220 Bouth Dr. I failets D1.	1720 South St Francis Dr	OIL CONSERVATION DIVISION			Energy, Minerals and Natural Resources
	NMPM EDDY County	feet from the <u>E</u> line		Grayburg Jackson; SR-Q-G-SA	10. Pool name or Wildcat	329319	9. OGRID Number	8. Well Number 04			7. Lease Name or Unit Agreement Name	NIVIECOZ9418D		6. State Oil & Gas Lease No	STATE FEE	5. Indicate Type of Lease		30-015-05414	WELL API NO.	Revised July 18, 2013

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

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach we proposed completion or recompletion.	CLOSED-LOOP SYSTEM OTHER:	NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNEY COMPLETE CO
, including estimated Ilbore diagram of	OTHER: M.I.T.	SUBSEQUENT REPORT OF: REMEDIAL WORK

pressure chart and additional documentation. 05/04/2022 a 30 min M.I.T. was performed on this well and witnessed by compliance officer Barbara Lydick. Please see attached

Energy, Minerals and Natural Resources Department State of New Mexico

Michelle Lujan Grisham Governor

Cabinet Secretary

Sarah Cottrell Propst

Deputy Secretary Todd E. Leahy, JD, PhD

Adrienne Sandoval, Division Director Oil Conservation Division



A Mechanical Integrity Test (M.I.T.) was performed on, Well _

District NMOCD field office. A scanned image will appear online via NMOCD website. scan of the chart with an attached Original C-103 Form indicating reason for the test, via post mail to M.I.T. is successful, the original chart has been retained by the Operator on site. 7 to 10 days after postdating. Send a legible

Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test. M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made,

status timeline. the location of the CIBP and any other tubular goods in the well including the Operator's request for TA M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including

M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). *Only after receipt of the C-103 will the non*compliance be closed.

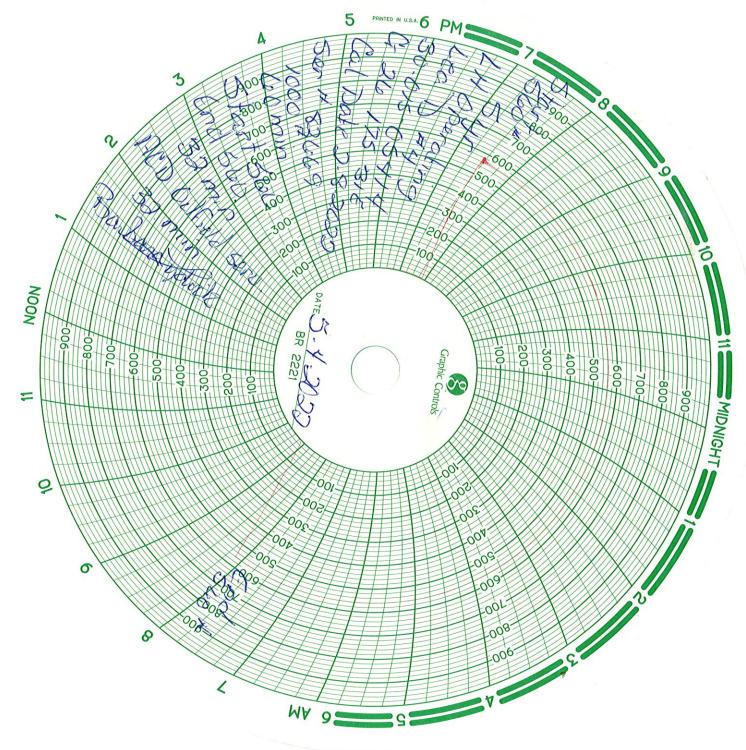
the position of the packer, tubing Information, the date of first Injection, the tubing pressure and 30 days. A C-103 form must include a detailed description of the work performed on this well including Please contact me for verification to ensure documentation requirements are in place prior to injection Injection volume M.I.T.is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within

If I can be of additional assistance, please feel free to contact me at (575) 626-0836

Thank You,

South District - Artesia, NM Barbara Lydick, Compliance Officer EMNRD-O.C.D.

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District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 116970

CONDITIONS

Operator:	OGRID:
LH Operating, LLC	329319
4809 Cole Ave	Action Number:
Dallas, TX 75205	116970
	Action Type:
	[C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	6/30/2022