		,			
Submit 1 Copy To Appropriate District Office			-	Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	ral Resources		Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-021-20570		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type o	f Lease		
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	Rio Brazos Rd Aztec NM 87410		STATE	FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8	/303	6. State Oil & Gas	ELease No.	
87505					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or	Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Libby Minerals L	Libby Minerals LLC 2032	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other CO2			8. Well Number		
2. Name of Operator Breitburn Operating LP			5-1		
2. Name of Operator Brendurn Operating LP			9. OGRID Numbe 370080	r.	
3. Address of Operator			10. Pool name or	Wildcat	
1401 McKinney St., Suite 2400 Houston, TX 77010			Bravo Dome		
4. Well Location					
	55 feet from the South line and 1655	-			
Section <u>25</u>	Township <u>20N</u> 11. Elevation (Show whether DR	Range <u>32E</u>		Harding County	
	GR 5111.4'	, KKD, KI, UK, EIC.	.)		
12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or Other	Data	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				P AND A	
PULL OR ALTER CASING		CASING/CEMEN	ІТ ЈОВ 🗌		
CLOSED-LOOP SYSTEM		OTHER:			
	pleted operations. (Clearly state all				
of starting any proposed v proposed completion or re	ork). SEE RULE 19.15.7.14 NMA	C. For Multiple Co	mpletions: Attach w	ellbore diagram of	
proposed completion of re	completion.				
	s to revise the combination casing str				
casing, as stated in the Applica	tion for Permit to Drill, to an all stee	el casing string of +	-/- 2600' of 5.5", 15.5	#, J-55 LTC casing.	
		•			
					
Spud Date: TBD	Rig Release D	ate:			
	I	L			
I handly contify that the information	- choses is two and as wellots to the h		as and hallof		
Thereby certify that the information	above is true and complete to the b	est of my knowledg	ge and benef.		
SIGNATURE Electronically Signed	<u>:d</u> TITLE: <u>Regulatory Consultant</u>	DATE: 04/30/	2015		
Type or print name Shelly Doesche	<u>r</u> E-mail address: shelly_doescher	·@vahoo.com PHO	ONE: 505-320-5682		
For State Use Only				<i>.</i>	
ADDDOLLED DV TT	TITLE DIST	and IV - A	•••	5 hlis	
APPROVED BY: Conditions of Approval (if any):	TITLE / D(I	A MARCH	DA'	15 <u>~///1</u> =	
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