## ALL ABOVE GROUND FLOW LINES MUST BE REMOVED

## ALL BURIED LINES MUST BE PROPERLY ABANDONED

OCD – Artesia – REC'D 6/10/2020

Submit One Copy To Appropriate District Office District I Ener	State of New Mexico rgy, Minerals and Natural Resources	Form C-103 Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-005-63304
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	L CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease  STATE X FEE  6. State Oil & Gas Lease No.  26828
87505 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WILLOW SPRING 19 STATE
1 Type of Well: Oil Well Gas Well Other		8. Well Number 001
2. Name of Operator RELIANCE ENERGY, INC.		9. OGRID Number 149441
3. Address of Operator		10. Pool name or Wildcat
300 N. MARIENFELD, STE 1100, MIDLAND TX 79701 4. Well Location		Pecos Slope; ABO (Gas)
Unit Letter P: 660 feet from the S line and 660 feet from the E line		
Section 19 Township 4S Range 25F NMPM County Chaves		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3891' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS.   P AND A   CASING/CEMENT JOB   CASING/CEMENT JOB		
OTHER:      Discretion   Discre		
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.		
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the		
OPERATOR NAME I FASE NAME WELL NUMBER ADINUMBER QUARTER/QUARTER LOCATION OR		
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR		
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.		
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and		
other production equipment. Flow lines not removed  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.		
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with		
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.		
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have		
to be removed.)  All other environmental concerns have been addressed as per OCD rules.		
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-		
retrieved flow lines and pipelines.  If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well		
location, except for utility's distribution infrastr	ucture.	id lines have been removed from lease and well
When all work has been completed, return this f	form to the appropriate District office to scl	hedule an inspection.
SIGNATURE Setsy Luna	TITLE Regulatory Mana	agerDATE6/09/2020
TYPE OR PRINT NAME Betsy Luna For State Use Only	E-MAIL: _bluna@reimid.c	PHONE: <u>432-683-4816</u>
APPROVED BY:	DENIED	DATE gc 6/17/2020