Submit 1 Copy To Appropriate District Office	State of New M		orm C-103	
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources		Revised . WELL API NO.	July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONSERVATION DIVISION		30-025-10820	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE X	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sama PC, INIVI O	6. State Oil & Gas Lease No.		
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 FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
			GG Travis	
1. Type of Well: Oil Well	Gas Well 🗴 Other	8. Well Number 1		
2. Name of Operator State of New Mexico	OCT 08 2014		9. OGRID Number	
3. Address of Operator		-	10. Pool name or Wildcat	
	lobbs, NM 88240 RECEI	VED	Teague Abo Gas	
4. Well Location				
Unit Letter :	<u>1980</u> feet from the <u>South</u>			line
Section 21	Township 23S R	ange <u>37E</u>	NMPM County Le	а
en e	TT. Devation (Show whether Dr	, лк <i>d</i> , кт, <i>GK</i> , elc.		
12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or Other Data	
NOTICE OF IN	ITENTION TO:	SUF	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK		ASING 🗌		
TEMPORARILY ABANDON	— — 1			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	Т ЈОВ	
CLOSED-LOOP SYSTEM		OTHER:		ГЛ
	bleted operations. (Clearly state all		d give pertinent dates, including es	<u>ب</u> stimated date
	ork). SEE RULE 19.15.7.14 NMA			
1.MIRU. Run guage	ring to 9350'. GIH w/ CIBP	P. Set at 9350'.	Cap w/ 25 sx Class 'H' ce	ment
2.POOH to 6900'. S	-			
	Spot 25 sx cmt. WOC and t	ag (Old soz be	oles)	
	z w/ 50 sx cmt. WOC and t	• • •		
		•		
,	z w/ 30 sx cmt. WOC and t	• • • •		
	cmt to surface. (Surface c	•		
7. Cut off wellhead	4' below ground level and i	nstall dry hole r	marker.	
pud Date:	Rig Release D	ate:		
		L		
hereby certify that the information \sim	above is true and complete to the b	est of my knowledg	ge and belief.	
h 1			. 1.	10
IGNATURE Wall	TITLE COI	mpliance Office	er DATE 10/8	12014
ype or print name Mark Whita	ker E-mail addres	s:	PHONE: 575-3	393-6161
or State Use Only	\square			1
PPROVED BY:	ABLOWN TITLE DI	st. Suppi	USOL DATE 10/8	IZNIL
Conditions of Approval (if ahy):				
			/	
v			DCT	0 8 201

