Office Submit I Copy to Appropri	ate District	State of No	`			Form C-	103
District I - (575) 393-6161		Energy, Minerals an	id Natu	ral Resources	WELL ADING	Revised July 18,	2013
1625 N. French Dr., Hobbs, District II - (575) 748-1283	NM 88240	OH COMEEDIA	TION	DE 170101	WELL API NO. 30-025-40869		
District II					5. Indicate Type o	f Lease	-
1000 Rio Brazos Rd., Aztec, NM 87410					STATE X	FEE 🗀	
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Sant 87505	a Fe, NM	Santa re, i	NIVI 87	303	6. State Oil & Gas VB15820000	Lease No.	
SUN		S AND REPORTS ON V S TO DRILL OR TO DEEPEN			7. Lease Name or	Unit Agreement Nan	ne
DIFFERENT RESERVOIR. PROPOSALS.)	USE "APPLICAT	LITTLE LAKE 16	STATE				
1. Type of Well: Oil \	Well x□ G	as Well 🔲 Other			8. Well Number		
2. Name of Operator					9. OGRID Numbe	r	
McElvain Energy Inc.	· · · · · · · · · · · · · · · · · · ·				22044		
3. Address of Operator 1050 17 th St Suite 2500	r) Denver CO 80:	265			10. Pool name or V	Wildcat DELAWARE (6535	5)
4. Well Location							-
Unit Letter	F:	1900feet from th	neNC	ORTH	line and2100	feet from t	he
WESTli	ne		_				
Section 16			188		2E NMPM	LEA · Cour	nty
	1	1. Elevation (Show wheth	her DR,	RKB, RT, GR, e	tc.)		
12	. Check App	propriate Box to Indicate	cate N	ature of Notic	e, Report or Other I	Data	
NOTE	OF OF MITE	NITION TO:		CI.	IBSEQUENT REF	ODT OF:	
E-PERMITTING <	SWD	INJECTION>	_	REMEDIAL WO		ALTERING CASING	
CONVERSION	RBD	IMSCAD I	Ē			P AND A	$\bar{\Box}$
RETURN TO	TA	CP-MS !		CASING/CEME	ENT JOB		
CSNG	CHG	LOC					
INT TO PA P&	&A NR	P&A R			mporary Abandonment	Status	
12 Dagariha prana	and or complete	d operations. (Clearly st	oto oli m	X 🔲	and give pertinent dates	including actimates	1 date
		. SEE RULE 19.15.7.14					date
proposed comp	letion or recomp	oletion.					
			•		,		
McElvain Energy Inc is							
be performed on this we 11-15. An MIT has been					auding a CBL was suon	nitied to the OCD on	3-
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		This /	Appro	oval of Temp nent Expire	porary 3/3//	2017	
		Aban	donn	ent Expire	s	20. /	
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Spud Date: 9/10	/2014		Rig I	Release Date: 9/	/25/2014		
•			_				
I hereby certify that the							
	information abo	ve is true and complete	to the be	est of my knowle	edge and belief.		
	information abo	ve is true and complete	to the be	est of my knowle	edge and belief.		
SIGNATURE Ton	information abo	TITLE	Sr.	EHS S	Decialist DA	TE_ <i>5-8-201</i>	5
SIGNATURE Type or print name	information about	TITLE	Sr.	EHS S	Decialist DA	TE <u>5-8-201</u> ONE: 303 893 4	5 2933
	y Copper	TITLE	Sr.	EHS S	Decialist DA	TE <u>5-8-201</u> ONE: <u>303 893 4</u> ×33/	5 2933
	y Copper	TITLE	Sr.	EHS S		TE <u>5-8-2019</u> ONE: <u>303 893 0</u> ×33 / 6/3/2019	5 2933

JUN 0 3 2015

