Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	S OF ONSERVATION DIVISION	WELL API NO. 30-025-38162
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 RECE		
	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATI	ON FOR PERMIT" (FORM C-101) FOR SUCH	YO State SWD
PROPOSALS.) 1. Type of Well: Oil Well Gas	s Well 🛛 Other SWD Well	8. Well Number 1
2. Name of Operator	s wen	9. OGRID Number
	oil and Gas, LLC	370507
3. Address of Operator	00 F - NA 00001	10. Pool name or Wildcat
	30, Eunice, NM 88231	SWD; Devonian
4. Well Location	((A) C - (C 1) - N - 1 - N - 1	040 6 6 6 1 1 11 11
	660feet from theNorth line and	840feet from theWestline
Section 15	Township 21S Range 35E 1. Elevation (Show whether DR, RKB, RT, GR, et	NMPM Lea County
	3587' GL	
12. Check App	ropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTE	NITION TO:	DOEGLIENT DEDORT OF
NOTICE OF INTE PERFORM REMEDIAL WORK ☐ PI	LUG AND ABANDON REMEDIAL WO	BSEQUENT REPORT OF: RK □ ALTERING CASING □
		RILLING OPNS. P AND A
	ULTIPLE COMPL CASING/CEME	
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	□ OTHER:	Report of First Injection
	d operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
Per AO SWD-1594-C, Raz Oil and Gas, LLC advises that first injection began on August 7, 2017.		
3rd D		
3rd Re-entry Date: Spud Date:	Rig Release Date:	
6/10/2017	rig release but.	6/24/2017
		5 4 2 4
I hereby certify that the information above	ve is true and complete to the best of my knowled	lge and belief.
NOTHER.	A	D.4.TIP. 0/5/2015
SIGNATURE OF HOCCOM	TITLE Agent	DATE9/5/2017
Type or print name Danny J. Holco	mb E-mail address: danny@pw	llc.net PHONE: 806-471-5628
For State Use Only		
APPROVED BY: Accepted for Record Only		
APPROVED BY: Conditions of Approval (if any):	NAJO 011	DATE
Conditions of ripprovat (it any).	Makrown 9/1/201	7
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