\* \* \* Note: The Well Pad was turned over to landowner per his request \* \* \*

/	Submit One Copy To Appropriate District Office District I Kalo N Energy, Minerals and Nature	1.0	Form C-103 Revised November 3, 2011 WELL API NO.					
	District I 625 N. French Dr., Hobbs, NM 88210 District III 811 S. First St., Artesia, MA 88210 District III 000 Rio Brazos Rd., Aztec, NM 2010 District IV 2010 IL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		30-041-20967					
	District III	ncis Dr.	5. Indicate Type of Lease STATE FEE X					
	1000 Rio Brazos Rd., Aztec, NM KONO District IV Santa Fe, NM 8	7505	6. State Oil & Gas Lease No.					
	District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	t. Francis Dr., Santa Fe, NM						
[	SUNDRY NOTICES AND REPORTS ON WELLS	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 C-101) FOR SUCH		Smith and Wesson					
	PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Dry Hole		8. Well Number 1					
	2. Name of Operator 3. Address of Operator 8620 N. New Braunsfels, Suite 603, San Antonio, TX 78217		9. OGRID Number					
			260245 10. Pool name or Wildcat					
			WC-041 G-05 5033320C					
	4. Well Location							
	Unit Letter <u>C</u> : <u>501</u> feet from the <u>N</u> line and <u>1705</u> feet from the <u>W</u> line							
	Section       20       Township       3S       Range       33E       NMPM       County       Roosevelt         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       12.       12.         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:							
	PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		ALTERING CASING					
		COMMENCE DRI						
	PULL OR ALTER CASING  MULTIPLE COMPL	CASING/CEMENT	JOB [] pm/					
	OTHER:							
		Location is ready for OCD inspection after P&A     in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.     filled and leveled. Cathodic protection holes have been properly abandoned.     ameter and at least 4' above ground level has been set in concrete. It shows the						
	<ul> <li>Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.</li> <li>A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the</li> </ul>							
	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.							
	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.							
	to be removed.)	d the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed d well location. bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have l.)						
	All other environmental concerns have been addressed as per OCD rules.							
<ul> <li>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.</li> <li>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 infrastructure.</li> </ul>								
				When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
				SIGNATURE Consultant DATE 7/31/2				
1	SIGNATURE	Consultant	DATE7/31\2017					
,	TYPE OR PRINT NAME Phelps White E-MAIL:	PHONE: 575 626 7660						
]	For State Use Only	Dec	. 1 1					
	APPROVED BY: Mah totaken TITLE	P.E.S.	DATE 11/15/2017					