Office	ate District	_	State of New Me		Form C-10	
	NIN / 600 / 0	Energ	y, Minerals and Natu	ral Resources	Revised July 18, 20 WELL API NO.	13
<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, <u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM District III - (505) 334-6178	HÖB	BS QC	PONSEDVATION	DIVISION	30-025-09200	-
811 S. First St., Artesia, NM District III - (505) 334-6178	88210	UIL	1220 South St From	ncis Dr	5. Indicate Type of Lease	
811 S. First St., Artesia, NM <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, <u>District IV</u> – (505) 476-3460 12020 St. Forci, D. Serti	NM 8740G	062018	Santa Fe NM 8	7505	STATE FEE X	_ /
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Sant	a re, inivi				6. State Oil & Gas Lease No.	
87505	REC	<u>EIVED</u>			26711 7. Lease Name or Unit Agreement Name	
SUNDRY NOTICES AND REPORTS ON WELLS (do not use this form for proposals to drill or to deepen or plug back to a					7. Lease Name of Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					King C	-
1. Type of Well: Oil Well 🗹 Gas Well 🗌 Other					8. Well Number 002	
2. Name of Operator					9. OGRID Number	
		Operatin	g Corp.		002799	
3. Address of Operator	POB	ox 911 B	reckenridge Texa	as 76424	10. Pool name or Wildcat	
4. Well Location					Langlie Mattix, 7 Rvrs Queen, Gray	sourg
Unit Letter	В:	330 f	eet from the N	line and	2310 feet from the E line	e
Section	· 1			inge 36E	NMPM County Lea	-
			ion (Show whether DR,	0		
			3427 RKB			
	~ -	. <u>-</u>	.			
12	. Check A	ppropriate	Box to Indicate N	ature of Notice,	Report or Other Data	
NOTIC	CE OF IN	TENTION	I TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL				REMEDIAL WOR		ב
TEMPORARILY ABAN		CHANGE	—	COMMENCE DR]
PULL OR ALTER CAS	_	MULTIPLE	E COMPL	CASING/CEMEN	т јов 🔲	
DOWNHOLE COMMIN						
CLOSED-LOOP SYSTI OTHER:	EM 🗌			OTHER:	Г	X
	sed or comp	eted operation	ons. (Clearly state all r		d give pertinent dates, including estimated of	
of starting any p	proposed wo	rk). SEE RU			mpletions: Attach wellbore diagram of	
proposed comp	etion or reco	ompletion.				
				~		
5 Y	ear MIT T	/A'd Well E	Extention			
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		Tele	l mererard of Torr	nom /		
			Approval of Terr		2020	
		ADE	ricompant Expire	B. f. d. f.		
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Spud Date:			Rig Release Da	te:		
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11						
I hereby certify that the i	niormation	iboveris true	and complete to the be	est of my knowledg	e and beller.	
//	/	$\langle \rangle$				
SIGNATURE / \ 14	sin k) Ver	KA TITLE Pro	duction Super	intendent _{DATE} 7-31-18	
t						 >
<i>·</i> · · —	evin Brec	Kel	E-mail address		reckop.com PHONE: 254-559-088	11
For State Use Only	1 .1	NR		10/T	~ 1.1	6
APPROVED BY:	aux	Chro	WN TITLE	AU/L	DATE 8/6/20	18
Conditions of Approval ((if any):	>		1		
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