## HOBBS OCD

DEC 1 9 2018

| Submit One Copy To Appropriate District   | State of New Me                                      | vico RE                | CEIVED   | Form C-1                  | 03          |
|---|--|------------------------|--|---------------------------|-------------|
| Office  | Energy, Minerals and Natu                            | XIO0                   | 4  | Revised November 3, 2     |             |
| <u>District I</u><br>1625 N. French Dr., Hobbs, NM 88240  | Ellergy, Millerals and Natu                          | iai Nesources          | WELL API NO.                                     | Revised November 5, 2     | <del></del> |
| District II   | OIL CONSEDUATION                                     | DIVISION               | I .  | -041-20899                |             |
| 811 S. First St., Artesia, NM 88210<br>District III   | OIL CONSERVATION DIVISION 1220 South St. Francis Dr. |                        | 5. Indicate Type<br>STATE                        | of Lease                  |             |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                                   |                        | 6. State Oil & Ga                                |                           |             |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | ,  |                        |  | H-2338                    |             |
| 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 PROPOSALS.) |  |                        | 7. Lease Name or Unit Agreement Name Fox B State |                           |             |
| 1. Type of Well: \( \sum \text{Oil Well} \) \( \sum \text{Gas Well} \) \( \sum \text{Other} \)  |  |                        | 8. Well Number                                   | 3                         |             |
| 2. Name of Operator   |  |                        | 9. OGRID Numb                                    | per                       |             |
| Riley Permian Operating Co., LLC  |  |                        |  | 37115                     |             |
| 3. Address of Operator  |  |                        | 10. Pool name or                                 |                           |             |
| 29 E. Reno, Suite 500, Oklahoma City, OK 73104  |  |                        | Allisor  | n San Andres              |             |
| 4. Well Location  |  | <b>710.0</b> .0 .1     | - · ·  |                           |             |
|   | feet from the <u>South</u> line and                  |                        |  |                           |             |
| Section 36 Township 8S Range 36E NMPM County Roosevelt  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |                        |  |                           |             |
|   | 1. Elevation (Show whether DR,                       | RKB, RT, GR, etc.      |  |                           | co.         |
| 12. Check Appropriate Box to In-  | dicate Nature of Notice R                            | enort or Other T       | )ata   |                           |             |
| 12. Check Appropriate Box to III  | aroate Hatare of Hottee, IN                          | cport of Other L       | Zata .   |                           |             |
| NOTICE OF INTE  | NTION TO:  | SUE                    | SEQUENT RE                                       | PORT OF:                  |             |
|   | LUG AND ABANDON                                      | ≀K 🔲                   | ALTERING CASING                                  | □ '                       |             |
|   | HANGE PLANS  | COMMENCE DR            | <del></del>                                      | P AND A                   |             |
| PULL OR ALTER CASING M  | IULTIPLE COMPL                                       | CASING/CEMEN           | T JOB []   | ./01                      | <b>~</b>    |
| OTHER:  | П  | X Ilideation           | erdinfereden hiro                                | erestern a West 1983A     |             |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator of pit permit and closure plan.  |  |                        |  |                           |             |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.   |  |                        |  |                           |             |
| A steel marker at least 4" in diameter has been welded on the casing stub as directed by NMOCD. The marker and casing stub are  |  |                        |  |                           |             |
| buried in accordance w/rules for Pr   | airie Chicken habitat area. Mar                      | ker shows the          |  |                           |             |
| OPERATOR NAME, LEASE  | E NAME, WELL NUMBER, A                               | PI NUMBER. O           | HARTER/OHART                                     | ER LOCATION OR            |             |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR                                       |  |                        |  |                           |             |
|   | D ON THE MARKER'S SUR                                |                        |  |                           |             |
|   |  |                        |  |                           |             |
| The location has been leveled as ne other production equipment.   | arly as possible to original groun                   | nd contour and has     | been cleared of all                              | junk, trash, flow lines a | ınd         |
| Anchors, dead men, tie downs and  | risers have been cut off at least t                  | wo feet below grou     | and level.                                       |                           |             |
| All metal bolts and other materials h   |  |                        |  | concrete bases do not     | have        |
| to be removed.)   |  |                        | `  |                           |             |
| All other environmental concerns h  |  |                        |  |                           |             |
| All electrical service poles and lines  | s have been removed from well                        | location, except for   | r utility's distributio                          | n infrastructure.         |             |
| When all work has been completed, retu  | rn this form to the appropriate I                    | District office to scl | nedule an inspection                             | 1.                        |             |
| $\bigcap C$   |  |                        |  |                           |             |
| SIGNATURE   | TITLE I  | roduction Manage       | r  | DATE <u>12/18/18</u>      |             |
|   |  |                        |  |                           | _           |
| TYPE OR PRINT NAME Alan Tied For State Use Only   | eman E-MAIL:   | alantiedeman@rile      | ypermian.com l                                   | PHONE: <u>405-306-429</u> | <u>2</u> _  |
| 7/ 1  |  | 0.                     | 0.04   | 1                         |             |
| APPROVED BY: Keng Ju  | the TITLE C  | ompliance (            | Illues A   | date <u>12-19-1</u>       | 8           |
| Conditions of Approval (if any  |  | V                      | <i>V U</i> .                                     |                           |             |