(DO NOT USE THIS FORM FOR PROF		WELL API NO. 30-025-44809  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No. 320055  7. Lease Name or Unit Agreement Name
4. Well Location	200 Conformal NODELL 1	DACT L
Unit LetterB Section 27	:_200feet from the _NOR I H III  Township 26S Range	ne and2300feet from theEASTline  36E NMPM County LEA
Section 27	11. Elevation (Show whether DR, RKB, I	<u> </u>
	2908' GL	
NOTICE OF I PERFORM REMEDIAL WORK  TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: PERMIT EXTENSION R  13. Describe proposed or compof starting any proposed we proposed completion or recomposed completion or recomposed.	COMMINION CASING COMMINION CASING CAS	SUBSEQUENT REPORT OF:  EDIAL WORK ALTERING CASING MENCE DRILLING OPNS. P AND A MING/CEMENT JOB  ER: Metails, and give pertinent dates, including estimated date ultiple Completions: Attach wellbore diagram of
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my	knowledge and belief.
SIGNATURE Christie Hand Type or print name CHRISTIE H For State Use Only		TE 5/22/2020 dev.com PHONE: 737-300-4723
APPROVED BY:  Conditions of Approval (if any):	TITLE	DATE_ 06/18/2020