Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources		Form C-103 Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. /
<u>District II</u> - (575) 748-1283			30-025-28955
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	11 3. THIST SL., ALLESIA, NWI 88210		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa I C, NW 07505		6. State Oil & Gas Lease No.
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.) 1. Type of Well: Oil Well Gas Well Other Injector			7. Lease Name or Unit Agreement Name
			North Hobbs (G/SA) Unit Section 30
			8. Well Number 333
2. Name of Operator			9. OGRID Number: 157984
3. Address of Operator	<u>., </u>		10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 793	23	RECEIVED	
4. Well Location		1 0.400	
Unit Letter J: 1400 feet from the South line and 2430 feet from the East line			
Section 30 Township 18S Range 38E NMPM Lea County			
	3660' KB	, <i>KKD</i> , <i>KT</i> , OK, <i>etc</i> .	
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 WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
	-		-
OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
1) POOH with injection equipn	nent		
2) Clean out to 4328'			
 3) Squeeze Zn 2C & 2D perfs 4) Drill out CICR & cmt, clean out to TD @4365 			procedure we plan to use
4) Drill out CICR & cmt, clean out to TD @4365 5) Acid treat per prog the closed-lo			oop system with a steel
6) RIH with injection assembly per Robbie Underhill tank and ha			ul contents to the required
7) Return well to injection disposal per ODC Rule 19.15.17			ODC Rule 19.15.17
		Condi	tion of Approval: notify
			Hobbs office 24 hours
Spud Date:	Rig Release Da		
L			running MIT Test & Chart
			· · · · · · · · · · · · · · · · · · ·
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Injection Well Analyst DATE 4/30/14			
Type or print name			
For State Use Only			
APPROVED BY: Maley 2 Down TITLE Dist. Supervisor DATE 5.6-2014			
Conditions of Approval (if any):			
U			MAY @ 6 2014
			/