	the second s			
Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103 Revised July 18, 2013		
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources			
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.		
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-025-12059-0000		
811 S. First St., Artesia, NM 88210		5. Indicate Type of Lease		
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE E FEE		
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87595 OCD	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM				
87505	ES AND REPORTS ON WELLS MAY 09 2014			
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA	7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICA	Dhadaa Vataa Uluit			
PROPOSALS.)	Rhodes Yates Unit			
1. Type of Well: Oil Well 📋 🛛 🤇	8. Well Number 009			
2. Name of Operator	9. OGRID Number			
PPC Operating Company LLC	288774			
3. Address of Operator	10. Pool name or Wildcat			
1500 Industrial Blvd., Ste. 304;	Rhodes; Yates-Seven Rivers			
4. Well Location				
Unit Letter H : 1	980 feet from the North line and 66	60 feet from the East line		
Section 28	Township 26S Range 37E	NMPM County Lea		
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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			
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT JOB			
DOWNHOLE COMMINGLE]					
CLOSED-LOOP SYSTEM]					
OTHER:			OTHER: MIT Test Report	\mathbf{X}		

 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was pressure tested (MIT) 4/17/2014. Chart attached.

Spud Date:	03/04/1943	Rig Release Date:	03/30/1943		
I hereby certi	fy that the information above is true	e and complete to the best of	of my knowledge and bel	lief.	
SIGNATURE	Jana Graber	TITLE_Office Ad	ministrator	DATE	04/29/2014
Type or print For State Use	name Jana Spraberry(E-mail address: j <u>s</u>	praberry@plantationpe	etro.conPHONE:	325-267-6046
APPROVED	BY: Billowa	mak_TITLE Stat	4 Manager	DATE	5/23/2014
Conditions of	Approval (if any):				
				JUN 10	2014

