HOBBS OCD

Submit One Copy To Appropriate District	one Copy To Appropriate District State of New Mexico		JUN 06 2014 B	Form C-103
Office District 1	Energy, Minerals and Natural Resources			evised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	<i>!</i>
811 S. First St., Artesia, NM 88210			30.025_06995 5. Indicate Type of	Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE [FEE 🛛
District IV Santa Fe, NM 8/303		6. State Oil & Gas L	Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	nit Agreement Name
(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.)			COR	RIGAN /
1. Type of Well: Oil Well Gas Well Other			8. Well Number	2
2. Name of Operator			9. OGRID Number	
VANGUARD PERMIAN LLC				8350
3. Address of Operator			10. Pool name or W	1
5847 SAN FELIPE ST, STE 3000, HOUSTON, TEXAS 77057			PAD	DOCK
4. Well Location				
Unit Letter_I:_ 1980_feet from the South line and 660 feet from the East line				
Section 33 Township 21S Range 37E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
E-PERMITTING - CSNG	1	SUB	SEQUENT REPO	ORT OF:
PERFO P&A P.M. IA	√DON □	REMEDIAL WOR	·	LTERING CASING
	PC COMP NEW WELL COMMENCE DR			AND A
PULL C LOC CHG	ગ 🗌	CASING/CEMEN	T JOB 📗	
OTHER:	П	✓ Location is re	andy for OCD inspect	ion after DS A
OTHER: ☐ ☐ ☐ ☐ Location is ready for OCD inspection after P&A ☐ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
Rat hole and cellar have been filled				e olosure plan.
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
ODED ATOD NAME I FASE NAME WELL NUMBED ADINUMBED OHADTED/OHADTED LOCATION OD				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
Anchors, dead men, the downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.) All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
☐ If this is a one-well lease or last rem		cal service poles an	d lines have been remo	oved from lease and well
location, except for utility's distribution	nfrastructure.			
When all work has been completed, return	n this form to the appropriate I	District office to sch	edule an inspection.	
SIGNATURE TITLE AGENT DATE 6-4-14				
SIGNATURE				
FOR STATE USE CITIM .				
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Conditions of Approval (if any): TITLE LOW DIANGE (IF CON DATE 1/16/2014)				
JUL 1 7 2014				
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