Submit 3 Copies To Appropriate District Office  State of New Mexico	Form C-103
District I Energy, Minerals and Natural Reso	urces May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISI	ON 30-025-29526 -
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM	E-1582
87505	E-1362
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH_	ARCO 20 STATE
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other	2
2. Name of Operator	9. OGRID Number
33.123.11.12.13.101.21	4 2015   232611
3. Address of Operator	10. Pool name or Wildcat
13455 NOEL RD, STE. 2000, DALLAS, TX 75240	REEVES (QUEEN)
4. Well Location	50VEE
Unit Letter B: 330 feet from the NORTH line and 1650 feet from the EAST line	
Section 28 Township 18S Range 35E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT	G, GR, etc.)
3913.8° GR	
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness:     mil     Below-Grade Tank: Volume     bbls;     Construction Material	
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   REMED	IAL WORK
— — — — — — — — — — — — — — — — — — —	ENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CASING	G/CEMENT JOB
OTHER. $\square$	. Dradonbood toot round
OTHER: OTHER  13. Describe proposed or completed operations. (Clearly state all pertinent of the complete operation).	: Bradenhead test report
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompletion.	
o. recompletion	
BRADENHEAD TEST & CHART ATTACHED	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines $\square$ , a general permit $\square$ or an (attached) alternative OCD-approved plan $\square$ .	
grade tank has been/will be constructed or closed according to NMOCD guidelines [1], a general	i permit [] or an (attached) afternative OCD-approved plan [].
SIGNATURE Delin Stadley TITLE ADMIN.	ASST. DATE 01/09/2015
Type or print name BELINDA BRADLEY E-mail address: bbradley@sunc	ownenergy.com Telephone No. 432-943-8770
For State Use Only	•
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APPROVED BY: Bill Somanah TITLE Staff	Masager DATE 1/15/2015
Conditions of Approval (if any):	

FEB 0 5 2015

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