Submit I Copy To Appropriate District Office	State of New M	lexico		Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Nat	tural Resources	AMELI ADINO	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-21325	
'811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Le	ase
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE 🛛
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8	3/505	6. State Oil & Gas Lea	ise No.
87505				
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	S AND REPORTS ON WELL S TO DRILL OR TO DEEPEN OR PI ION FOR PERMIT" (FORM C-101) F	LUG BACK TO/AD	7. Lease Name or Uni . Justis SWD	t Agreement Name
	s Well 🛛 Other SWD Well	2015	8. Well Number H-2	
2. Name of Operator		JUL 2 / Low	9. OGRID Number	
Rice Operating Company			10 D 1 W'1	
3. Address of Operator 122 West Taylor, Hobbs, NM 882	40	RECEIVED	10. Pool name or Wild	GB/SA-Glorie
4. Well Location				2-349
	om the North line and 660 feet			
Section 2	Township 26S	Range 37E	NMPM	Lea County
	1. Elevation (Show whether DI 3033' KB 3019' CHP	K, KKB, KI, GK, elc.,		
12. Check App	propriate Box to Indicate N	Nature of Notice,	Report or Other Data	ì
NOTICE OF INTE	INTION TO:	SIID	SEQUENT REPOR	OT OE:
PERFORM REMEDIAL WORK	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WOR COMMENCE DRI CASING/CEMEN	K ☐ ALTI LLING OPNS.☐ P AN	ERING CASING
CLOSED-LOOP SYSTEM		OTHER: MIT with	Chart	⋈
OTHER: 13. Describe proposed or complete of starting any proposed work) proposed completion or recomplete.	. SEE RULE 19.15.7.14 NMA	pertinent details, and	d give pertinent dates, inc	
Ran MIT with Chart Witnessed	l by George Bower on July 20,	2015		
•				
				•
			•	•
			•	
	•			
Caud Data	Rig Release D	lator		
Spud Date:	Kig Kelease D	rate.		
		•		
I hereby certify that the information abo	ve is true and complete to the b	est of my knowledge	e and belief.	
		,		
SIGNATURE	TITLE Opera	ations Manager DAT	TE July 20, 2015	
Type or print name Jon Rampone E-m For State Use Only	ail address <u>jrampone@riceswo</u>	d.com PHONE: 575	-393-9174	
APPROVED BY: Selson	amah TITLE S	Stuff Man	DATE_	8/20/2015
Conditions of Approval (if any):			•	<u> </u>

