Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-025-38189
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	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 🔲 FEE 🛛
$\frac{\text{District IV}}{1220 \text{ S}} = (505) 476-3460$	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	· ·	
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	- ABSOUM	COOPER JAL UNIT 8. Well Number 504
1. Type of Well: Oil Well	Gas Well Other HODE	
2. Name of Operator	SERVES OPERATING LP / ANG 26 2015	9. OGRID Number 240974
3. Address of Operator		ro. roor name of whatat
PO BOX 108	48, MIDLAND, TX 79702	JALMAT;TAN-YATES-7RVRS/LANGLIE MATTIX;7RVRS-Q-G
4. Well Location		MATTIX,/KVK3-Q-0
Unit Letter F :	1330 feet from the <u>NORTH</u> line and	2468 feet from the WEST line
Section 18	Township 24S Range 37E	
a da mai beine sa lag ana ang ang ang ang ang ang ang ang a	, 11. Elevation (Show whether DR, RKB, RT, GR, e.	
	3296' GR	
12. Check A	Appropriate Box to Indicate Nature of Notic	e, Report or Other Data
E-PERMITTING <swd injection=""> SUBSEQUENT REPORT OF:</swd>		
CONVERSION		
RETURN TO		ORILLING OPNS. P AND A
CSNG ENVIRO	CHĞ LOC	ENT JOB
	R P&A R	
OTHER:		for TA
13. 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 rec	ompletion.	
08/26/15 Ran MIT, pressur	e casing to 570#, held for 30 minutes. Witnessed by	George Bower-OCD, chart attached.
		· · ·
	his Approval of Temporary	
	bandonment Expires 8/26/2019	7
A		1
Snud Data:	Rig Release Date:	
Spud Date:		
I hereby certify that the information	above is true and complete to the best of my knowle	dge and belief.
()		
SIGNATURE MILLITING	TITLE DECULATORY TEC	CH DATE _ <u>08/27/2015</u>
SIGNATURE	TITLE_ <u>REGULATORY TEC</u>	DATL_00/2//2015
Type or print name <u>LAURA PINA</u>	E-mail address: <u>_lpina@legacylp.</u>	com PHONE:432-689-5200
For State Use Only		1 1
APPROVED BY:	JEROWN TITLE Dist. Supe	W(AON) DATE 9/22/2015
Conditions of Approval (if any):		
		kan
		SEP 2 4 2015'

