Submit 1 Copy To Ap Office	• •	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Form C-103	
<u>District I</u> = (575) 393- 1625 N. French Dr., H				WELL API NO.	Revised July 18, 2013
District II – (575) 748 811 S. First St., Artesi				30-025-42737 5. Indicate Type of Le	rase
<u>District III</u> - (505) 334 1000 Rio Brazos Rd.,			0 South St. Francis Dr.		FEE
District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505			/303	6. State Oil & Gas Lea	ise No.
87505	SUNDRY NOTICES AND			7. Lease Name or Uni	t 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				Arch 28 State	,
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other OCT 0 5 2015				8. Well Number 601	H /
2. Name of Opera				9. OGRID Number 7377	
3. Address of Operator				10. Pool name or Wildcat	
P.O. Box 2267 Midland, TX 79702				Rock Lake; Bone	Spring
Unit Lett	er A : 249	feet from the North	line and) feet from the	East
Section	28	Township 22S R	ange 35E		unty Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3537' GR					
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 CAS					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING					ND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE					
CLOSED-LOOP S			. 51	hala	·
OTHER:	proposed or completed operat	ions. (Clearly state all	OTHER: 5' new		<u> </u>
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
proposed completion of recompletion.					
09/29/15 - Made 5' new hole. TD @ 5'. Hole size 20".					
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					•
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Spud Date:	9/29/15	Rig Release Da	nta:		
Spud Date.		Rig Release Da	atc.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE () Analyst TITLE Regulatory Analyst				DATE_	09/30/15
Type or print name		E-mail addres	s:	PHONE	432-686-3684
For State Use Onl		and O-E-			
APPROVED BY:_	Accepted for Re	TITLE	<u> </u>	DATE_	
Conditions of Appr	oval (if any):				