Submit 1 Copy To Appropriate Distric	priate District State of New Mexico			Form C-103
District I - (575) 393-6161		als and Natural Res	Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 8824 District II – (575) 748-1283		RVATION DIVI	NOIS	30-025-26361
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178		uth St. Francis Dr		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8741	Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Off & Gas Lease No.
(DO NOT USE THIS FORM FOR PR DIFFERENT RESERVOIR. USE "AI		EEPEN OR PLUG BACH		7. Lease Name or Unit Agreement Name O.A. Woody
PROPOSALS.) 1. Type of Well: Oil Well	1. Type of Well: Oil Well 🖾 Gas Well 🗆 Other HOBBS OCD			8. Well Number 1
2. Name of Operator Silver Spike Energy Operating	7			9. OGRID Number 300017
3. Address of Operator 203 W Wall St, Ste 920, Midla		JUN 23	2016	10. Pool name or Wildcat Knowles Devonian (36290)
4. Well Location		RECEI	VED	
Unit Letter E :	2310 feet from the	North line a	nd 3	30 feet from the West line
Section 35	Township	16S Range	38E	NMPM Lea County
	1	whether DR, RKB, I		
	3694	4 GL		
12. Chee	k Appropriate Box to	Indicate Nature of	of Notice,	Report or Other Data
NOTICE OF	INTE		SUE	SEQUENT REPORT OF:
TEMPORARILY ABANDON C C P&A NR COMMENCE DRI				
PULL OR ALTER CASING		CASI	IG/CEMEN	IT JOB
DOWNHOLE COMMINGLE	L			
CLOSED-LOOP SYSTEM OTHER:		OTHE	R:	
	d work). SEE RULE 19.1:			nd give pertinent dates, including estimated dat impletions: Attach wellbore diagram of
5/31/16 MI WSU. NU BOP. Tal	ly 2 7/8" work string. PU	114 jts. and tag @ 36	59'. SDFN	
6/1/16 BU Southwest cement an	d water truck. Circulated h	ole w/ 10# gelled bri	ne and spor	tted 25 sxs cement plug @ 3659'. POH to
	oulled up to 380'. Circulate	ed 60 sxs to surface.	All tbg laye	d down. ND BOP. Rig down JWS. Clean up
		_		
Spud Date:	R	ig Release Date:		
I hereby certify that the informa	tion above is true and com	plete to the best of m	y knowledg	ge and belief.
·M				
SIGNATURE	prof T	TTLEAgent		DATE6/20/16
Type or print nameM.Y. (I For State Use Only	Merch) Merchant E-	mail address: _mym	erch@penr	rocoil.com PHONE: _575-492-1236
APPROVED BY: Uah	ututala T	TLE P.E.S.		DATE 6 /23 / 2016
Conditions of Approval (if any)				
1				X

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