Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mex Energy, Minerals and Natur OIL CONSERVATION I 1220 South St. Franc Santa Fe, NM 875	al Resources DIVISION is Dr.	FEB	BS OCD 0 1 2018
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PI PLUG BACK TO A DIFFERENT RI PERMIT" (FORM C-101) FOR SUC	ESERVOIR. USE "APPLICATION	DEEPEN OR	7. Lease Name or Unit Agreemen R. C. E. O. CARSON 8. Well Number 7 9. OGRID Number 019958 10. Pool name or Wildcat	EIVED
P O Box 2249, Wichita Falls, TX 763	807-2249		TUBB OIL AND GAS (OIL) 60240	
4. Well Location Unit Letter C: 660'	_feet from the _North line a	nd 1080' feet fr	om the West line	
	wnship 21S Range 37E		nty Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3464' GR			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB OTHER: 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 recompletion. The GOR for this well is below 50,000 and we request that the well be reclassified from a Gas well to and Oil well in accordance With the Special Pool rules. Changing pools from TUBB OIL & GAS (PRO GAS) 86440 to TUBB OIL AND GAS (OIL) 60240				
,		RECLA	199 BPFECTIVE OF	roches
Spud Date:	Rig Release Da	te:		
I hereby certify that the information ab	ove is true and complete to the he	est of my knowledge	e and heliaf	_
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE SIGNATURE SIGNATURE DATE 1/3/2018				
Type or print name BOB GILMORE E-mail address: bgilmore@sjoc.net PHONE: 940-723-2166 For State Use Only APPROVED BY: DATE 02/02/16				
APPROVED BY:				