Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		Revised July 18, 2013 WELL API NO.		
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBSIOGNSERVATION DIVISION			30-025-04016	
District III - (505) 334-6178			5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 FEB 2 7 2018 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas L	ease No.
87505 SUNDRY NOTE SANOT DORTS ON WELLS			7 Longo Nome on U	ait Agraement 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			Lease Name or Unit Agreement Name Northwest Eumont Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number #112	
Name of Operator Rhombus Operating Co., Ltd.			9. OGRID Number 19111	
3. Address of Operator P.O. Box 627, Littleton, CO 80160-0627			Pool name or Wildcat Eumont Yates	
4. Well Location L 1987 C. C. at South 1987 C. C. at West 1987				
Unit Letter :	1987 feet from the South	line and 66	leet from t	neline -
Section 14	Township 19S Ran	nge 36E RKB, RT, GR, etc.)		county Lea
	The factor (Show whether Bit,			
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				TERING CASING
TEMPORARILY ABANDON				
DOWNHOLE COMMINGLE	MIDETIPLE COMPL	CASING/CEIVIEN I	10B	
CLOSED-LOOP SYSTEM OTHER: Mechanical Integrity	est d	OTHE		
	leted operations. (Clearly state all pe	OTHER: ertinent details, and	give pertinent dates, i	ncluding 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.				
Perform a Mechanical Integrity Test on March 02, 2018				
				1
Spud Date:	Rig Release Date	e:		
				1
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Office Manager			DATE	2/27/18
Type or print name E-mail address: PHONE:				
APPROVED BY: Naley Shown TITLE AO/II DATE 2/27/2018				
Conditions of Approval (if any):				