State of New Mexico Office District 1621 N. French Dr., Hobbs, North 1623 N. French Dr., Hobbs, North 1624 N. French Dr., Hobbs, North 1625 N. French Dr., Hobbs, North 1625 N. French Dr., Hobbs, North 1625 N. French Dr., Hobbs, North 1626 N. French Dr., Hobbs, North 1627 N. Santa Fe, NM 87505  1628 N. French Dr., Hobbs, North 1629 N. St. French Dr., Hobbs, North 1629 N. St. French Dr., Hobbs, North 1629 N. St. French Dr., Hobbs, North 1629 N. French Dr., Hobbs, North 1629 N. St. French Dr., Hobbs, North	CO	
Month   Control   Contro	Submit One Copy To Appropriate District Office State of New Mexico	
STATE   FEE	District I 1625 N. French Dr., Hobbs, NM	WELL APLNO
STATE   FEE	District II 811 S. First St., Artesia, NM 88210  NM 88210  NM 88210	30-025-26551
Santa Fe, NM 8/505	District III  1000 Rig Proper Rd Artes NW 87410	
SUNDRY NOTICES AND REPORTS ON WELLS  OD NOT USE THIS ROM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLIG BACK TO A DIFFERENT RESERVOIL. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type O'Well: D'Oil Well   Gas Well   Other   9. OGRID Number   2. Name of Operator   9. OGRID Number   3. Address of Operator   5. OGRID Number   4. Well Location   DALLAS 7 52.6.6   4. Well Common   DALLAS 7 52.6.6   4. Well Location   DALLAS 7 52.6.6   5. MOC KING BLRD LW, SMITH   County LEA   5. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   5. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   6. NOTICE OF INTENTION TO: 6. PERFORM REMEDIAL WORK   PLUG AND ABANDON   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING GASING   7. CHANGE PLANS   CASING CHANGE PLANS   CASING CHEMICAL WORK   ALTERING CHANGE PLANS   CASING CHEMICAL WORK   ALTER	District IV Santa Fe, NM 8/505	
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIL. USE "PROPICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	87505	
PROPOSALS    Type of Well:   Gas Well   Gas Well   Other   S. Well Number   S. Well Numbe		
1. Type of Well: Got Well Gas Well Other   S. Well Number	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
Section   Sect	1. Type of Well: Oil Well Gas Well Other	
3. Address of Operator 5.706 E. MOCKING BIRD LN, SWITE 115-336   10. Pool name or Wildeat WILDCAT  4. Well Location Unit Letter 1650   feet from the N line and 2310et from the W line Section 12 Township 265 Range 36E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2910 GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   COMMENCE ORILLING OPNS   PAND A CASING/CEMENT JOB   PULL OR ALTER CASING   MULTIPLE COMPL   SUBSEQUENT REPORT OF: REMEDIAL WORK   ALTERING CASING   COMMENCE ORILLING OPNS   PAND A CASING/CEMENT JOB   PULL OR ALTER CASING   MULTIPLE COMPL   SUBSEQUENT REPORT OF: REMEDIAL WORK   ALTERING CASING   CASING/CEMENT JOB   PAID THER: PAID PIN have been remediated in compliance with OCD rules and the terms of the Operator's pit permanal elosure plan. PA steel marker at least 4" in diameter and at least 4" above ground level has been set in concrete. It shows the  OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE, All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.  The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. A steel marker is downs and risers have been cut off at least two feet below ground level. The location has been leveled as nearly as possible to original ground contour and has been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.  PAID Anchors, dead men, tic downs and risers have been cut off at least two feet below ground level. This is a one-well lease or last remaining well on lease, the battery and pit location(s) have been removed from lease and well location.  PAID This is a one-well lease or last remaining well on lease:	2. Name of Operator RESOURCES, INC	9. OGRID Number 2 9 93 48
Well Location   Unit Letter   1650   feet from the   New   line and 231@et from the   Section   L2   Township 26   Range 36   NMPM   County 64	3. Address of Operator	10. Pool name or Wildcat
Unit Letter 1650		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   P AND A    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   P AND A    OTHER:   Location is ready for OCD inspection after P&A    A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the  OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, OUARTER/OUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.  The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. The location has not evel lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment.  If all metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)  All other environmental concerns have been addressed as per OCD rules.  The location, except for utility's distribution infrastructure.  When all work has been completed, return this form to the appropriate District office to schedule an inspection.  SIGNATURE  DATE 3/16/20/8  TYPE OR PRINT NAME MB WISEN BAKER. MAIL: Mb Li & All flow Lating Phone (24) 526-81  TYPE OR PRINT NAME Phone (24) 526-81  TYPE OR PRINT NAME Phone (24) 526-81  TYPE OR PRINT NAME Phone (24)		
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:   REMEDIAL WORK   PLUG AND ABANDON   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   ALTERING CASING   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   OTHER:   Location Is ready for OCD inspection after P&A	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
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OTHER:		
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the  OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.  The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.  All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)  All other environmental concerns have been addressed as per OCD rules.  Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.  If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.  When all work has been completed, return this form to the appropriate District office to schedule an inspection.  SIGNATURE  TYPE OR PRINT NAME  MB WISENBAKER-MAIL:  MB WISENBAKER-MAIL:  MB WISENBAKER-MAIL:  MB WISENBAKER-MAIL:  MB WISENBAKER-MAIL:  MB WISENBAKER-MAIL:	PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	т ЈОВ
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SIGNATURE M3 W (Sinbaffine President DATE 3/16/2018  TYPE OR PRINT NAME MB WISENBAKERE-MAIL: mbul@heritag. PHONE: (214) 526-81  For State Use Only  Standard. com	location, except for utility's distribution infrastructure.	
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APPROVED BY: TAKE D4/11/20M	APPROVED BY Mahwhitaken TITLE P.E.S.	DATE 04/11/2018