Submit I Copy To Appropriate District Office	State of New M	Aexico		Form C-103	
District 1 - (575) 393-6161	strict 1 – (575) 393-6161 Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.		
District II - (575) 748-1283			30-009-20027		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505			0. State Off & Gas Et	ase NU.	
	TICES AND REPORTS ON WEL	LS	7. Lease Name or Un	it 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			Equal-	FRID LDS.	
PROPOSALS.)			8. Well Number	<u>,</u>	
1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other					
2. Name of Operator Solourner Drig Co.			9. OGRID Number 2707/7		
3. Address of Operator			10. Pool name or Wildcat		
810 ANSON AUE	ABILENE, TX. 7	1604	WILDCAT	•	
4. Well Location Unit Letter G	1929 feet from the No	RTH line and	96Z feet from th	e EAST line	
Section 34		Range 34 E			
a series and a series of the s	11. Elevation (Show whether L			and the second	
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10 01 11	A	NI 4 CN1 41			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
	NTENTION TO:	1	SEQUENT REPO	RT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					
TEMPORARILY ABANDON		COMMENCE DR		ND A	
DOWNHOLE COMMINGLE		CASING/CEMEN			
CLOSED-LOOP SYSTEM	-				
OTHER:		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 re				ore and and a	
			нс	BBS OCD	
x					
			IL	UN 122018	
			R	ECEIVED	
		<u>.</u>			
Spud Date: JUNE 12,	2018 Rig Release	Date:	22,2018		
		JONE	66,6018		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE ACULATE TITLE GEOLOGIAT DATE 6-12-18					
Type or print name AVERY 10775 E-mail address: QUERY a Second Filling PHONE: 325-672-2832					
For State Use Only / / / / / / / / / / / / / / / / / / /					
APPROVED BY: APPROVED BY: DATE_ 6/16/2018					
Conditions of Approval (if any):		1			
	V				