	tate of New, Mexico	Form C-103
District I = (575) 393-6161 Energy, M	inerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 40 BBS OCIL COI		WELL API NO. 30-025-12067
off 5. Flist St., Artesia, Nivigoziu	NSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Propos Rd. Adva. NIA (2016) 0 8 2018 1220	O South St. Francis Dr.	STATE   FEE
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM <b>AUG 0 8 2018</b> District IV - (505) 476-3460	anta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPO	OPTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM PROPOSALS.)	TO DEEPEN OR PLUG BACK TO A	WH Rhodes B Federal NCT 1
1. Type of Well: Oil Well Gas Well 🖂 C	Other (1)	8. Well Number 1
2. Name of Operator / HPPC, Inc.		9. OGRID Number 371698
3. Address of Operator		10. Pool name or Wildcat
306 West Wall Suite 209; Midland, TX 79701		Rhodes Yates Seven Rivers
4. Well Location		
1	m theNorthline and1	1650 feet from the East line
	vnship 26S Range 37E	NMPM Rhodes Field County Lea
	Show whether DR, RKB, RT, GR, etc.	
2980 GL		
12. Check Appropriate Bo	ox to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO		OFFICE PEROPE OF
NOTICE OF INTENTION TO		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND AB		<del>_</del>
TEMPORARILY ABANDON  CHANGE PLAI		ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE CO	MPL CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	OTHER: MIT	TEST 🖊
OTHER:  13. Describe proposed or completed operations.		
of starting any proposed work). SEE RULE		
proposed completion or recompletion.	17.15.7.14 NWITE. Tel Manple Co	implections. Actually well-off diagram of
rest seem from the seem from t		
-Ran MIT test with Kerry Fortner from OCD as witne	ss on July 11, 2018. Good Test	
	···	
Spud Date: 7/31/1943	Rig Release Date: 8/26/1943	
I hereby certify that the information above is true and	complete to the best of my knowledg	e and belief.
10		
SIGNATURE 400	TITLEVice President	DATE 8/03/2018
m		
Type or print name Rajan Prasad E-mail address: rajan.prasad@hppcinc.com PHONE: 432-557-5067		
For State Use Only		c 1 ,
APPROVED BY: Clare Source	TITLE OF ALTERNATION	DENU:300 DATE \$/10/18
Conditions of Approval (if any):	III LONGINACE SY	UCAU ISM DAIL 0/10/10
Conditions on reprovar (11 any).		
		/
		/
		1

