

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6166
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1111
811 S. First St., Artesia, NM 88210
District III - (505) 336-9178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 226-3466
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. <u>30-225-12580</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>NMLC 029519A</u>
7. Lease Name or Unit Agreement Name <u>B.V. Lynch A Federal</u>
8. Well Number <u>10</u>
9. OGRID Number <u>267077</u>
10. Pool name or Wildcat <u>Lynch Gates Seven Rivers</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
(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 PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SWD</u>
2. Name of Operator <u>Mas Operating Co.</u>
3. Address of Operator <u>P.O. Box 52167 Midland, TX 79710</u>
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>34</u> Township <u>20S</u> Range <u>34E</u> NMPM <u>Lea</u> County <u>NM</u>
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Failed Mechanical Integrity Test, rig up on well & pull to determine reason for failure.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Brady Heiser TITLE President DATE 5/21/19
Type or print name Brady Heiser E-mail address: masoperating@att.net PHONE: 432-618-0678
For State Use Only

APPROVED BY: Sheryl TITLE Compliance Officer DATE 5-30-19
Conditions of Approval (if any):

5-24-19