Submit One Copy To Appropriate District	State of New M	exico	Form C-103
Office District I	Energy, Minerals and Natural Resources		Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-12753
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
District IV Santa Fe, INIVI 8/303		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			321531
	ES AND REPORTS ON WELL		7. Lease Name or Unit 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 PROPOSALS.)			H S RECORD
1. Type of Well: Oil Well Gas Well Other			8. Well Number 002
2. Name of Operator MAMMOTH EXPLORATION LLC			9. OGRID Number 372233
3. Address of Operator		10. Pool name or Wildcat	
200 N. LORAINE ST., STE. 1100, MIDLAND, TX 79701		!	
4. Well Location			
Unit Letter G: 1650 feet from the N line and 1650 feet from the E line			
Section 15 Township 20S Range 36E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,569' - DR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
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NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING [
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORT TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR			_
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	
_	_		
OTHER:			
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			
OPEDATOR NAME I FACE NAME WELL NUMBER ADINUMBER QUARTER/QUARTER LOCATION OR			
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 gro	und 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.			
	s have been removed. Portable b	ases have been remo	oved. (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.			
	remaining well on lease: all elect	rical service poles ar	nd lines have been removed from lease and well
location, except for utility's distributi	on infrastructure.		
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
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SIGNATURE X	TITLE	REGULATORY MANA	AGER DATE 1/7/2019
	HAVS	ariffin@mammothe	NY COM PLONE 432-305-0953
TYPE OR PRINT NAME GRIFFIN HAYS E-MAIL: griffin@mammothexp.com PHONE: 432-305-0953 For State Use Only			
Kr. A. L. C. Olli. A. L. O. B.			
APPROVED BY: 104 TITLE with DATE 6-18-19			
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