Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Reso	ources Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283		WELL API NO. 30-625-25005
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVIS	5. Indicate Type of Lease
<u>District III</u> (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE TY FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	c	0 K-5029
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	CICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUS ACK- ICATION FOR PERMIT" (FORM C-101) Gas Well Other	7. Lease Name or Unit Agreement Name North YUCUUM ADD NORTH UNIT 119" 8. Well Number
	Gas Well Other	8. Well Number
2. Name of Operator	100	9. OGRID Number 37 3U7
3. Address of Operator	le im wall and the Fat	10, Pool name or Wildcat
508 W. Wall St. S.	K.1000 Midland TX +9	TO 1 Vacuum; ADO, NOrth
Unit Letter	440 feet from the PASE lin	e and <u>M80</u> feet from the <u>M01+0</u> line
Section 2	Township 17-S Range 34	
	11. Elevation (Show whether DR, RKB, RT	r, GR, etc.)
	4045.3 94	
12. Check	Appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF II	NÆNTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		DIAL WORK
* TEMPORARILY ABANDON		ENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	· —	G/CEMENT JOB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	_	
CLOSED-LOOP SYSTEM OTHER:	U OTHER	t:
		details, and give pertinent dates, including estimated date ultiple Completions: Attach wellbore diagram of
proposed completion or re	completion	
Dill Habing Packer	r. Deplace tubing t	mat doesn't pass
Puil tubing i packer. Replace tubing that doesn't pass pressure lest. Bun back in hole withbing and set packer.		
pressure doc. &	and pack in the va	Tron of propa,
EST Stat		
Or our	0017	
Spud Date:	Rig Release Date:	ĺ
Space Date.		
I hereby certify that the information	above is true and complete to the best of my	knowledge and belief.
W-14-11.		- 10.18
SIGNATURE MULL	TON LEOPERATION	S Engineer Date 7-19-19
Type or print name LAUN C For State Use Only	Tax lar Cho E-mail address:	PHONE: 432 65 5 0014
		phone: 402 (g) 5 (c)
APPROVED BY:	TITLE PEU	DATE 07/19/19
Conditions of Approval (if any):		
	Itaxiarcho	ueunitexoil com
	1100000	- Carrier - Carr