Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-04026
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	STATE X FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 C, 14141 07303	6. State Oil & Gas Lease No.
87505		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Northwest Eumont Unit
PROPOSALS.)		
	Gas Well Other HOBBS CCD	8. Well Number 127
2. Name of Operator Rhombus O	perating Co., Ltd, JUL 3 0 2020	9. OGRID Number 19111
3. Address of Operator P.O. Box 6		10. Pool name or Wildcat
		Eumont Yates, 7 Rivers, Queen
4. Well Location	RECEIVED	
Unit Letter J	1780feet from the _South_ line and165	0 feet from the East line
		
Section 22		IMPM County Lea
	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	PLUG AND ABANDON REMEDIAL WORI	
TEMPORARILY ABANDON	CHANGE PLANS	LLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL	ΓJOB □
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	_	
OTHER:	OTHER: Reques	
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.		
proposed completion of rec	onipietion.	
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Notified NMOCD	FINAL TA STATUS	<u>- EXTENSION</u>
Pressure up to 500 psi. Held	Approval of TA EXPIRES:	1-1-21
DUDOCD OD DETIIDNEI)		
to PRODUCTION		
	BY THE DATE STATED ABO	OVE:
Spud Date:	Rig Release Date:	
I haraby partify that the information	above is true and complete to the best of my knowledge	a and balias
Thereby certify that the information	above is true and complete to the best of my knowledge	e and belief.
\bigcap	Q	
SIGNATURE	TITLE_Office Manager	DATE6/15/2020
Time or print name Cindu Gran		
Type or print name Cindy Grogg E-mail address: rhombusenergy@gmail.com PHONE:432-683-8873 For State Use Only		
A A		\sim \sim \sim \sim
APPROVED BY: \\	We TITLE CO H	L DATE 7 30-20
Conditions of Approval (if any):		
4		

