

**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone:(505) 393-6161 Fax:(505) 393-0720

**District II**

1301 W. Grand Ave., Artesia, NM 88210  
Phone:(505) 748-1283 Fax:(505) 748-9720

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**

Energy, Minerals and Natural Resources

Form C-103  
Permit40036

**Oil Conservation Division**

**1220 S. St Francis Dr.**

**Santa Fe, NM 87505**

WELL API NUMBER

30-025-37871

5. Indicate Type of Lease

P

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

GREENWOOD

8. Well Number

028

9. OGRID Number

227588

10. Pool name or Wildcat

**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: ☐

2. Name of Operator

RANGE OPERATING NEW MEXICO INC

3. Address of Operator

777 MAIN STREET , , SUITE 800 FT WORTH , TX 76102

4. Well Location

Unit Letter J : 1650 feet from the S line and 1790 feet from the E line  
Section 9 Township 22S Range 37E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

3415 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit Type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐

CASING/CEMENT JOB ☐

Other: **Spud** ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**10/11/2006** Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Sr Engineering Tech DATE 10/19/2006

Type or print name Linda Stiles E-mail address lstiles@rangeresources.com Telephone No. 817-810-1908

**For State Use Only:**

APPROVED BY: Chris Williams TITLE District Supervisor DATE 10/20/2006