

Santa Fe Main Office  
Phone: (505) 476-3441 Fax: (505) 476-3462  
General Information  
Phone: (505) 629-6116

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

Online Phone Directory Visit:  
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>WELL API NO. <b>30 - 015 - 00789</b></p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>SWD</b></p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>FED</b></p>
<p>2. Name of Operator <b>Riley Permian Operating Company, LLC</b></p>		<p>6. State Oil &amp; Gas Lease No.</p>
<p>3. Address of Operator <b>29 E. Reno, OKC, OK 73104</b></p>		<p>7. Lease Name or Unit Agreement Name <b>Chalk Bluff Draw Fed</b></p>
<p>4. Well Location Unit Letter <b>K</b> : <b>2055</b> feet from the <b>South</b> line and <b>1980</b> feet from the <b>West</b> line Section <b>5</b> Township <b>18S</b> Range <b>27E</b> NMPM County <b>Eddy</b></p>		<p>8. Well Number <b>1</b></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number <b>372290</b></p>
		<p>10. Pool name or Wildcat</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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.

Please find attached a passing MIT chart witnessed by  
Barbara Lydick w/OCD.

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

*[Signature]*

TITLE

**EHSR Manager**

DATE

**11/7/24**

Type or print name

E-mail address:

PHONE:

**For State Use Only**

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



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CONDITIONS

Action 400493

CONDITIONS

Operator: RILEY PERMIAN OPERATING COMPANY, LLC 29 E Reno Avenue, Suite 500 Oklahoma City, OK 73104	OGRID: 372290
	Action Number: 400493
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	11/13/2024