Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30 -15 - 06/94
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	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 🛛 FEE 🗌
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		B1-635
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	, 0
PROPOSALS)	1 1	Leonard 4 7
	Gas Well & Other Salt Dome Storage	8. Well Number Leonard State #3
2. Name of Operator	ASF LTD	9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
1231 Old ANNE	HARD Aledo, Tx 76008	ļ
1.4. Well Location		
Unit Letter 4: 1975 feet from the south line and 560 feet from the west line		
Section 175	Township 29E Range	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
是不是一个主题的。		
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 WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A		
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS COMMENCE DE CASING/CEMEN CASING/CEMEN	
DOWNHOLE COMMINGLE	MOETH LE COMPE GAGING/CLINE	11.00p
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	
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.		
1 + 11 + i - I tolice		
#2 Pull coil tub	ing to dectamine leak to	
NM OIL CONSERVATION ARTESIA DISTRICT		
et t At		
Start Date	ASAP JUL 0 9 2015	
	RECEIVED	
Spud Date:	Rig Release Date:	
YI I I I I I I I I I I I I I I I I I I		11 11 6
I hereby certify that the information a	bove is true and complete to the best of my knowled	ge and belief.
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SIGNATURE Mylla Kinn	ran TITLE Termanal Manage	er DATE 7/9/2015
Type or print name Muron Ki	NMAN E-mail address:	PHONE: 575-679-233/
For State Use Only	E-iligii addiess.	. /
All	No In-Alan.	1/9/2015
APPROVED BY:	TITLE//////	118 DATE (/1/001)
Conditions of Approval (if any):		