Energy, Minerals and Natural Resources	Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103	
District   Grant   G	<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013	
1220 South St. Frank® 19th District Santa Fc, NM 8750EC 10 2018 Santa Fc, NM 8750EC 10 2018 Santa Fc, NM 8750EC 10 2018 Sister District N. Gross Age and the complete of the complete of the complete of the complete of starting any proposed or completed operations. (Clearly state all pertinent dates, including strimated date of starting any proposed work). SER RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  West CCD Rep. Date Strike Date Strike Date Strike Date Strike Down or proposed completion or recompletion.  Right Completions: Title Cap. Maje.  Signature Date Strike D	District II - (575) 748-1283	OIL CONSEDVATIONATIVAS MAREDALA		
Santa Fe, NM 87300 Santa Fe, SM 87310 Santa Fe, NM 8750EC 10 2018  Santa F	District III - (505) 334-6178	1220 South St. Planets Di: 13.51.	3. Indicate Type of Lease	
SUNDRY NOTICES AND REPORTS ON WELLS. RECEIVED  SUNDRY NOTICES AND REPORTS ON WELLS. RECEIVED  SUNDRY NOTICES AND REPORTS ON WELLS. RECEIVED  DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPEN OR PLUG BAKE TIVED  DEPERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH  PROPOSALS)  1. Type of Well: Oil Well   Gas Well   SO Other   SCO.    2. Name of Operator   GOOD BRAGE And THE LOND   L. LLC   9. OGRID Number   3. Address of Operator   GOOD BRAGE And THE LOND   2. LLC   9. OGRID Number   4. Well Location   Unit Letter   GOOD BRAGE And THE LOND   2. LLC   9. OGRID Number   4. Well Location   Unit Letter   GOOD BRAGE And THE LOND   2. LLC   9. OGRID Number   4. Well Location   Unit Letter   GOOD BRAGE And THE LOND   2. LLC   9. OGRID Number   4. Well Location   1. 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:   REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE OF RULLING OFNS   PAND A CASING/CEMENT JOB   COMMENCE OF COMMINGE   COMMENCE OF COMMINGE   COMMENCE OF COMMINGE OF COMM		Santa Ea. NIM 97505	STATE PEE Z	
SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" FORM CHILD RACT FOR PLUG RACT FORM CHILD RACT FOR PLUG RACT FORM CHILD RACT FORM CHILD RACT FOR PLUG RACT FORM CHILD RACT FORM REMEDIA WORK FORM RACT FORM REMEDIAL WORK FORM CHILD RACT FORM REMEDIAL WORK FORM RACT FORM RACT FORM REMEDIAL WORK FORM RACT FORM REMEDIAL WORK FORM RACT FORM RA	1220 S. St. Francis Dr., Santa Fe, NM	DEC 10 2018		
Section   Gas Well   Gas Well   Cother   SCOD   S. Well Number   SCOD   S. Well Number   SCOD   S. Well Number   S. Well Nu		ICES AND REPORTS ON WELLS RECEIVED	7. Lease Name or Unit Agreement Name	
Title Compilers   Signature	(DO NOT USE THIS FORM FOR PROPO   DIFFERENT RESERVOIR, USE "APPLI	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CONTROL OF TO SUCH	TAMORA Fed S(a)D	
2. Name of Operator	PROPOSALS.)			
3. Address of Operator 6300 Bridge And Harkway 10. Pool name or Wildcat 10. Pool name 10. Pool name or Wildcat 10. Pool name 10. Pool n		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
4. Well Location  Unit Letter A: 903 feet from the North line and 59 feet from the East line Section 29 Township /23 Range 3/E NMPM County Eddy  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:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   COMMENCE DRILLING OPINS   PAND A   ALTERING CASING   DOWNHOLE COMMINGLE   COMMENCE DRILLING OPINS   PAND A   CASING/CEMENT JOB   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.  Wet OCD Rep. Dan Smolink on Location, opened all Expected.  Passet Test   Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Summa Agree   TITLE Chip. Mayr.   DATE   -76-18    KEUND ROSERS & DATE   126-17-18	1	\	37 1786	
4. Well Location  Unit Letter A : 9D 3 feet from the North line and 659 feet from the EAST line  Section 29 Township /2 Range 3/E NMPM County Eddy  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:  PERFORM REMEDIAL WORK   PLUG AND ABANDON    TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE BILLING OPNS   ALTERING CASING    DOWNHOLD COMMINGE   CLOSED-LOOP SYSTEM   OTHER: BRAILED TEST SPANDA    TOTHER: BRAILED TEST SPANDA    OTHER: BRAILED TEST SPANDA    EXPOSED VAIUES, No pressult on Thick or Thick Was Released.  PASSELTEST    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 Summa Rapho   TITLE Cape Maje Date [1-76-18]  KEUND ROSES OF COMMINGE. Service PHONE: 575-7894  For State Use Only  APPROVED BY: Date   TITLE Compilence of Place Date   PHONE: 575-7894	1		1 0	
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DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM  THER:  OTHER: Bradhest Test &  OTHER: Dradhest Test &  OTHER: D		_	<del></del>	
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