| Submit 1 Copy To Appropriate District Office | State of New Mexico Energy, Minerals and Natural Resources | | | Form C-103 | | |
|--|---|------------------|---------------------------|-------------------|-----------------------------|---|
| <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 | Energy, Mineral | ls and Nat | ural Resources | WELL ADING | Revised July | 18, 2013 |
| District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | WELL API NO. 30-015-25164 | | | |
| District III - (505) 334-6178 | 1220 South St. Francis Dr. | | | 5. Indicate Typ | | *************************************** |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | | Fe, NM 8 | | STATE | FEE X | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | * | | 6. State Oil & C | | |
| SUNDRY NOT | ICES AND REPORTS (| N WELLS | 1 | 3012 | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. LISE "APPLICATION FOR PERMIT" (FORM OR PLUG BACK TO A | | | | | or Unit Agreement Naw 2 Com | Vame |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | 8. Well Number | | *************************************** |
| 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator Vernon E. Faulconer, Inc. | | | | | 1 | |
| Vernon E. 3. Address of Operator | Faulconer, Inc. | | | 9. OGRID Nun | 148394 | |
| P.O. Box 7995, Tyle | 10. Pool name | | | | | |
| 4. Well Location | Salt Draw; | Atoka (Gas) | | | | |
| Unit Letter E : | 1980 feet from the | North | line and 660 |) feet fr | om the West | lina |
| Section 2 | Township | 25S Ra | inge 28E | NMPM Eddy | | _line |
| | 11. Elevation (Show w 2989.9' | hether DR, GR | RKB, RT, GR, etc.) | | | |
| | 2,0,,, | | | | | |
| 12. Check A | ppropriate Box to Ir | ndicate N | ature of Notice, 1 | Report or Othe | r Data | |
| NOTICE OF IN | | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | 1 🗆 | REMEDIAL WORK | SEQUENT RE | EPORT OF: ALTERING CASIN | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRIL | | P AND A | |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE | MULTIPLE COMPL | | CASING/CEMENT | | | LJ |
| CLOSED-LOOP SYSTEM | | | | | | |
| OTHER: | | | OTHER: | RESUME | PRODUCTION | হিন্ত |
| 13. Describe proposed or comple | eted operations. (Clearly | y state all p | ertinent details, and | give mentinget de | | ted date |
| of starting any proposed wor proposed completion or reco | N). SEE RULE 19.13./ | .14 NMAC | . For Multiple Com | pletions: Attach | wellbore diagram of | vod date |
| RESUME PRODUCTION | ON | | | | | |
| PBOL 3/5/2021 | | | | | | |
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| Spud Date: | p:p | .l D | | | | |
| | Kig K | elease Date | e: | | | |
| | | | | | | |
| I hereby certify that the information at | ove is true and complet | e to the bes | t of my knowledge | and belief. | | The second second |
| Kara | 10 | | | | | |
| SIGNATURE MAKE (| ratesTITL | E_Produ | ction Analyst | D | ATE3/15/21 | |
| Type or print name Karen Charles | E-ma | il address: | kcharles@vefii | ic.com bi | IONE: 903-581-4 | 282 |
| For State Use Only | | | | TI | 1014E. <u>303-361-4</u> | 302 |
| APPROVED BY: Kurt Simmo | | | | | | |
| APPROVED BY: Kurt Simmo | ons TITLI | e NM | OCD | D. | O3/15/2021 | |

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

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

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 Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 20735

CONDITIONS OF APPROVAL

| Operator: | | | OGRID: | Action Number: | Action Type: |
|---------------------------|---------------|----------------|--------|----------------|--------------|
| VERNON E. FAULCONER, INC. | P.O. Box 7995 | Tyler, TX75711 | 148394 | 20735 | C-103Z |

| OCD Reviewer | Condition |
|--------------|-----------|
| ksimmons | None |