

Santa Fe Main Office
Phone: (505) 476-3441 Fax: (55) 476-3462
General Information
Phone: (505) 629-6116

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

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised July 18, 2013

<p>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. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>WELL API NO. 30-025-12800</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator Rice Operating Company</p>		<p>6. State Oil & Gas Lease No. SWD-067</p>
<p>3. Address of Operator 112 West Taylor, Hobbs, NM 88240</p>		<p>7. Lease Name or Unit Agreement Name EME SWD</p>
<p>4. Well Location Unit Letter <u>H</u> : <u>2475</u> feet from the <u>North</u> line and <u>165</u> feet from the <u>East</u> line Section <u>20</u> Township <u>20 South</u> Range <u>37 East</u> NMPM Lea County</p>		<p>8. Well Number <u>020</u></p>
<p>11. Elevation (Show whether DR, RKD, RT, GR, etc.) 3510 GR</p>		<p>9. OGRID Number <u>19174</u></p>
<p>10. Pool name or Wildcat SWD; San Andres</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 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: MIT <input checked="" 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.

MIT Chart Attached

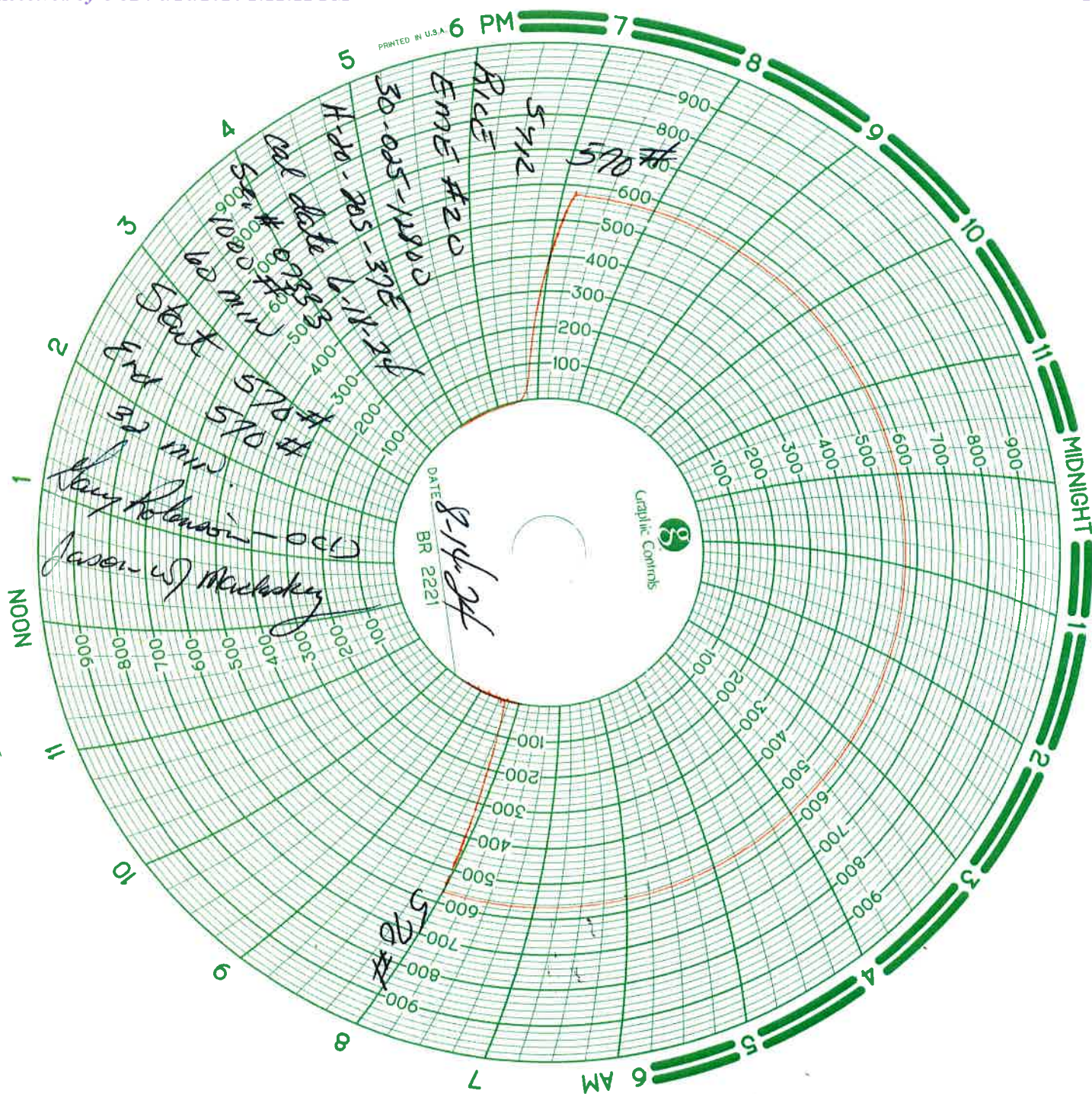
Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kate Childers TITLE Landman DATE 8/16/2024
Type or print name Kate Childers E-mail address: kchilders@riceswd.com PHONE: 575-393-9174
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____



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CONDITIONS

Action 374705

CONDITIONS

Operator: RICE OPERATING COMPANY PO Box 5630 Hobbs, NM 88241	OGRID: 19174
	Action Number: 374705
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	7/1/2025