NMOCD-REC'D: 09/04/2020

Submit One Copy To Appropriate District	State o	of New Me		J-NEC D. 09/04/	2020	Form C-103	
Office District I	Energy, Minerals and Natural Resources			Revised November 3, 2011			
1625 N. French Dr., Hobbs, NM 88240	5 N. French Dr., Hobbs, NM 88240				WELL API NO. 30-005-63121		
<u>District II</u> 811 S. First St., Artesia, NM 88210					- C I		
District III	ct III 1220 South St. Francis Dr.			5. Indicate Type STATE	-	EE 🗆	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	sos Rd., Aztec, NM 87410 Santa Fe, NM 87505			6. State Oil & G			
1220 S. St. Francis Dr., Santa Fe, NM 87505				L-6274			
	ES AND REPORTS	ON WELLS		7. Lease Name o	r Unit Ag	reement Name	
(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.)				DEE OQ STATE			
1. Type of Well: □Oil Well ☑ Gas Well □ Other INJECTION				8. Well Number 006			
2. Name of Operator				9. OGRID Number			
GRIZZLY OPERATING, LLC 3. Address of Operator				258350 10. Pool name or Wildcat			
5847 SAN FELIPE ST SUITE 3000 HOUSTON, TX 77057				PECOS SLOPE; ABO			
4. Well Location							
Unit Letter_J:_1980 feet from the S_ line and 1400 feet from the E_line							
Section 32 Township 05S Range 25E NMPM County CHAVEZ							
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3760' GR							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF INT	TENTION TO:		SURS	SEQUENT RE	PORT	OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR							
TEMPORARILY ABANDON					P AND A		
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐							
OTHER:			⊠ Location is re	ady for OCD insp	ection af	ter P&A	
OTHER: \times \text{ Location is ready for OCD inspection after P&A} All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.							
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.							
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the							
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY							
STAMPED ON THE MARKER'S SURFACE.							
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.							
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.							
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with							
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed							
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have							
to be removed.)							
All other environmental concerns have been addressed as per OCD rules.							
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.							
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well							
location, except for utility's distribution		o. un ciccuito	is service poles una i	mes have been ren	noved no	in lease and wen	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.							
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SIGNATURE Que.	21020	_TITLE	_Regulatory Affairs	Coordinator	_DATE _	_9/04/2020	
TYPE OR PRINT NAMECARIE S							
For State Use Only							
ADDROVED BY. 1 045	Olo	TITLE	Staff Mar	MANAK	DATE	0/15/2020	
APPROVED BY: Conditions of Approval (if any):		_TITLE	OLUTT MAI	uyer	DATE_	9/15/2020	