Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013)20
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Zaorbj, minorais and ratarar resources		WELL API NO.		OCD – REC'D 9/29/2020
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-015-33215		./6 Q
<u>District III</u> – (505) 334-6178			5. Indicate Type of Lease STATE FEE □		SEC'I
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		0-1
1220 S. St. Francis Dr., Santa Fe, NM 87505					8
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.)			7. Lease Name or Unit Agreement Name State '20B'		
1. Type of Well: Oil Well	e of Well: Oil Well 🔲 Gas Well 🔲 Other		8. Well Number 19		
2. Name of Operator Longfellow energy, LP			9. OGRID Number 372210		
3. Address of Operator 16803 Dallas Parkway, Addison, TX 75001			10. Pool name or Wildcat GRAYBURG JACKSON-SR-Q-G-SA		
4. Well Location					
Unit Letter_B:1010feet from the _North line and2310feet from the _Eastline					
Section 20 Township 17S Range 29E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			NMPM	County Eddy	
3617'					
	Appropriate Box to Indicate N		•		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ DOWNHOLE COMMINGLE ☐ CLOSED-LOOP SYSTEM ☐					
OTHER:					
of starting any proposed we proposed completion or rec					
 Set CIBP at 3823' with 20' Spot 660 gal of acid. Test t Perf San Andres 2556' – 2' 	o 4000#. 700'. 30 holes. Brk dwn formation. – 2700'. Pump 5630 bbls of slickwa	ater w/ 132,420 # of	100 Mesh and 40/70 Wh	nite.	
Spud Date: 8/17/202			16/2004		
I hereby certify that the information	above is true and complete to the b	est of my knowledge	e and belief.		
SIGNATURE D	TITLE_Engi	ineering Technologis	tDATE9-	-18-2020	
Type or print name _David Cain For State Use Only	E-mail address: _david.o	cain@longfellowener	gy.com_ PHONE: _972	2-590-9876	
APPROVED BY:Conditions of Approval (if any):	TITLE	Staff Manag	gerdate_	10/7/2020	