Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	30-015-29504
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 JUL DE MONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 DISTRICTI-ARTESIA DE PER NM 87505	STATE FEE
District IV = (505) 476-3460	6. State Oil & Gas Lease No. NM88491X
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement 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.)	Parkway Delaware Unit
1. Type of Well: Oil Well Gas Well Other	8. Well Number 507
2. Name of Operator Colgate Operating, LLC	9. OGRID Number 371449
3. Address of Operator	10. Pool name or Wildcat
303 West Wall Street, Suite 700	Parkway Delaware
4. Well Location	
Unit LetterG:2628feet from theSouth line and	1485feet from theEastline
Section 35 Township 19S Range 29E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3334' GR	
12. Check Appropriate Box to Indicate Nature of Notice.	Report or Other Data
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	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOF TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR	RK
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
OTHER: Mechanical Integrity Test	
13. Describe proposed or completed operations. (Clearly state all pertinent details, ar of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion.	
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05/22/2019 - Mechanical Integrity Test performed due to being on the latest list re Dan Smolik witnessed this test and currently has the original chart.	equesting testing to stay in compliance.
	TELEVED
	' JUL 2 9 2019
Cond Dates	,
Spud Date: Rig Release Date:	DISTRICTII-ARTESIAO.C.
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
LAND ON	
SIGNATURE: TITLE: Operations Te	
Type or print name: Mikah Thomas E-mail address: mthomas@colgateenergy.	<u>com</u> PHONE: 432-695-4272
For State Use Only	01
APPROVED BY: Title Compliance Conditions of Approval (if any):	OPPICE/ DATE 7-29-19