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Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

DEC 16 2019

DISTRICT III-ARTESIA/OCD

WELL API NO. 30-005-63280
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Paulette "PV" State
8. Well Number 6
9. OGRID Number
10. Pool name or Wildcat Pecos Slope: ABO Red Spring, Pennsylvanian

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Vanguard Operating LLC

3. Address of Operator
5847 San Felipe St., Suite 3000, Houston, TX 77057

4. Well Location
Unit Letter M : 1000 feet from the South line and 660 feet from the West line
Section 16 Township 05S Range 25E NMPM County Chavez

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3825' GR

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 checked="" 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: <input 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.

- 11/25/19 Notified OCD of MI P&A equipment.
- 11/27/19 Set 5 1/2" CIBP @ 4800'. Circ hole w/MLF from 4800'-surf. Spot 25 sx class "c" cmt from 4800', tag @ 4632', set 5 1/2" CIBP @ 3650'. Spot 25 sx class "c" cmt from 3650'.
- 12/02/19 Tag TOC @ 3515'. Perf @ 3015' m&p 50 sx class "c" cmt disp to 2915'. Perf @ 1617' m&p 85 sx class "c" cmt.
- 12/03/19 Tag TOC @ 1442'. Perf @ 970' m&p 60 sx class "c" cmt, tag @ 868', perf @ 605' m&p 75 sx class "c" cmt.
- 12/04/19 Tag TOC @ 502'. Perf @ 100', circulated well from 100' on 5 1/2" csg, 11 3/4" to surf, tag @ surf, cut off wellhead, back free location. P&A complete.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms. www.emnr.state.nm.us/oed.

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 TITLE Agent DATE 12/09/2019
 Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600
For State Use Only

APPROVED BY: TITLE Staff mg. DATE 12/12/19
 Conditions of Approval (if any):