

Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103 March 18, 2009	
District I 1625 N French Dr , Hobbs, NM 88240	525 N French Dr , Hobbs, NM 88240		WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>Dist</u> rict III	V. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		50015 01350 5. Indicate Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	o Brazos Rd, Aztec, NM 87410 Sonto Fo. NIM 97505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr , Santa Fe, NM			8743	
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			SurAy	
PROPOSALS)  1. Type of Well: Soil Well Gas Well Other			8. Well Number	
2. Name of Operator  H, Was And Acrish JR		9. OGRID Number		
3. Address of Operator 1306 5, 9 od Antegia MM			10. Pool name or Wildcat Red Island Que G. B	
4. Well Location				
Unit Letter A: 660 feet from the Athline and Affect from the Thine				
Section // Township /25 Range Z8 NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
The state of the s				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK D ALTERING CASING D				
' PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON Ø         REMEDIAL WORK ☐ ALTERING CASING ☐ '         TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐				
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB				
OTHER:		Location is rea	ady for OCD inspec	tion 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.				
In 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-				
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.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
SIGNATURE / GN / hand on	TITLE &	ounu		ATE 9-18-07
TYPE OR PRINT NAME	E-MAIL:		PI	IONE: 575 733 5576
For State Use Only	<del></del>	,		IONE: 575 723 5076
APPROVED BY:	TITLE	X to Ro	leg	DATE 10/6/09
Conditions of Approval (if any):	$\mathcal{C}$		رے	. /