**Form C-103** 

Submit 3 Copies 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

## **State of New Mexico Energy, Minerals and Natural Resources**

**OIL CONSERVATION DIVISION** 

	Revised July 18, 2013
WELL API NO.	

811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rs., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 South St. Fr Santa Fe, NM	30-045-1  5. Indicate Type of Le  STATE X  6. State Oil & Gas Le  B-11017-	ease FEE ase No.		
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  BROOKHAVEN COM G		
PROPOSALS.)  1. Type of Well: Oil Well X Gas Well Other			8. Well Number 9		
Name of Operator     Hilcorp Energy Company			9. OGRID Number <b>372171</b>		
3. Address of Operator 382 Road 3100 Aztec, NM 87410			10. Pool name or Wild DK - BASIN::DA MV - BLANCO::I	KOTA	
Section 16 To	potage 1450' FNL & 1190' FEL pwnship 031N Range 11. Elevation (Show whether DR, RK	011W SA	AN JUAN COUNTY		
	6125' GR	D, KT, GK, etc.)	_		
12. CHECK AI	PPROPRIATE BOX(ES) TO INDICA	TE NATURE OF NOTICE	, REPORT OR OTHER	R DATA	
NOTICE OF INT	ENTION TO:	s	SUBSEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM  OTHER:	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WORK COMMENCE DRILL CASING/CEMENT		ALTERING CASING P AND A	
Describe proposed or completed of starting any proposed work). Sproposed completion or recompleted proposed completion or recompleted.	SEE RULE 19.15.7.14 NMAC. Fetion.	rtinent details, and give			
This well was re-delivered on 9/16/20  Notes: REDELIVERY / WELL WAS S	•				
Spud Date: 12/10/1962	Rig Released Dat	e:			
I hereby certify that the information above	is true and complete to the best of n	ny knowledge and belief.			
SIGNATURE Alluther		TITLE Operations/F	Regulatory Tech - Sr.	. <b>DATE</b> 9/18/2020	
Type or print name Mandi Walker	E-mail address:	mwalker@hilcorp.con	n <u>P</u>	<b>PHONE:</b> 505.324.5122	
APPROVED BY:  Conditions of Approval (if any):	OR RECORD	TITLE		DATE	