Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103			
Office District I – (575) 393-6161	Energy, Minerals and Natural Resource				
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.			
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.			
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sunta 1 0, 1414 07505	EZ-877-5			
SUNDRY NOT	FICES 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		Harvey			
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number			
2. Name of Operator		001 9. OGRID Number			
Reliable Production, LLC		371618			
 Address of Operator 407 Ouray Ave., Farmington, NM 	10. Pool name or Wildcat Ballard Pictured Cliffs (Gas)				
4. Well Location					
Unit Letter <u>N</u> :					
Section 2	Township25NRange07W111. Elevation (Show whether DR, RKB, RT, GH	NMPM County Rio Arriba Ref(c)			
	11. Elevation (Snow whether EIX, INE), N1, OF				
NOTICE OF II PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or com of starting any proposed w proposed completion or re	PLUG AND ABANDON AREMEDIAL CHANGE PLANS COMMENCE MULTIPLE COMPL COMMENCE CASING/CE CASING/CE OTHER: Re pleted operations. (Clearly state all pertinent detai rork). SEE RULE 19.15.7.14 NMAC. For Multip	SUBSEQUENT REPORT OF: WORK ALTERING CASING E DRILLING OPNS. P AND A E DRILLING OPNS. P AND A E MENT JOB Image: Completion Is, and give pertinent dates, including estimated date Image: Completions: Attach wellbore diagram of			
		CAR 2 8 2019			
		DISTRICT III			
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 DURC M	Vontano TITLEAgent	DATE <u>3-25-19</u>			
Type or print name <u>Diane Monta</u> For State Use Only	no E-mail address: reliableproduction1@gmail.	com PHONE: <u>505-801-8508</u>			

APPROVED BY:	ACCEPTED	FOR	RECORD	TITLE
Conditions of Approva	al (if any):			PV

DATE