Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-03469
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		NM B-1167
	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPI	LICATION FOR PERMIT" (FORM C-101) FOR SUCH	State H
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other HOBBS	8. Well Number 7
2. Name of Operator	Gas Well Other OCD 109 2020 04 09 2020	9. OGRID Number
Citation Oil & Gas Corp.	OCD 04 09 2020 RECEIVED	004537
3. Address of Operator	RECE	10. Pool name or Wildcat
14077 Cutten Rd. Houston,	ΓX 77069	Eumont Field Y-SR-QN
4. Well Location Unit Letter J: 1980' feet from the 1980' line and South feet from the East line		
Section 13	Township 21S Range 35E	
Section 13	11. Elevation (Show whether DR, RKB, RT, GR, etc.	,
3595' DF		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:		ut-in 🔀
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.		
Shut-in due to current oil prices. Well is uneconomical to operate.		
ACCEPTED FOR RECORD ONLY ACCEPTED FOR SI Status, submit ACO		
TO FOR RECOMMIT ACO		
ACCEPTED SI Status,		
ACCEPTED FOR RECORD ONL T ACCEPTED FOR SI Status, submit ACO To apply for SI Status,		
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
	Rig Release Date: n above is true and complete to the best of my knowled	ge and belief.
		ge and belief.
I hereby certify that the information	n above is true and complete to the best of my knowled	
I hereby certify that the informatio	n above is true and complete to the best of my knowled TITLE Regulatory Analyst I	DATE 3/27/2020
I hereby certify that the information SIGNATURE	n above is true and complete to the best of my knowled	DATE 3/27/2020
I hereby certify that the informatio	n above is true and complete to the best of my knowled TITLE Regulatory Analyst I	DATE 3/27/2020
I hereby certify that the information SIGNATURE Type or print name Jessica Zaro For State Use Only	n above is true and complete to the best of my knowled TITLE Regulatory Analyst I	DATE 3/27/2020 gc.com PHONE: 281-891-1565