Office	State of New Me	exico	Form C-103
District I	Energy, Minerals and Natu	ral Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II 811 S. First St, Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-33576	
District III		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe NM 8	7505	STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87	2000	6. State Oil & Gas Lease No.
87505	EB .	2720CD	
			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			SV 17 State Com
PROPOSALS.)	TION FOR PERMIT" (FORM C-101) FO	SR SUCH	,
1. Type of Well: Oil Well X	Gas Well Other	ED	8. Well Number 001
2. Name of Operator			9. OGRID Number 256073
J R Oil, Ltd. Co.		9. OGRID Number 2300/3	
3. Address of Operator		/	10. Pool name or Wildcat
P.O. Box 2975, Hobbs, NM 88241		Reeves, Queen, West (Gas)	
4. Well Location	702-41		Recves, Queen, west (Gas)
Unit Letter N :660 feet from the South line and 1980 feet from the West line			
Section 17 Township 18S Range 35E NMPM Lea, County			
· · · · · · · · · · · · · · · · · · ·	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
3946'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORLD TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			
TEMPORARILY ABANDON			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🗆
	7	5	- Pr
OTHER: Location is ready for OCD inspection after P&A / V			
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 19.15.714 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
 X All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. X Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. X A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 			
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.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk trash flow lines and			
X 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.			
X 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.)			
X 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-			
retrieved flow lines and pipelines.			
X If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well			
location, except for utility's distribution infrastructure.			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Ochlie &	McKelvey TITLE_	AGENT	DATE <u>2/23/17</u>
Type or print name Debbie McK	elvey E-mail address: deb	mckelvey@earthlink	.net Telephone No. 505-392-3575
For State Use Only			
W 4 = 0 /	T	PES	DATE 03/02/2017
APPROVED BY:	TITLE (15.00	DATE 03/02/201/