Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resource	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		20.025.04008
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 X FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS 2		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 PROPOSALS.)		8. Well Number 157
1. Type of Well: Oil Well X	Gas Well Other	
2. Name of Operator		9. OGRID Number 19111
Rhombus Operating Co.		
3. Address of Operator	v 9216 Midland TV 70709	10. Pool name or Wildcat
	x 8316, Midland, TX 79708	Eumont Yates 7 Rivers Queen
4. Well Location		
		dline
Section 33	Township 19S Range 33E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
		The shape of the property of the state of th
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data		
NOTICE OF I	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X		
TEMPORARILY ABANDON		E DRILLING OPNS. P AND A
PULL OR ALTER CASING		MENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:		
		ils, 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.		
Intend to MIRU pulling unit. POH w/ rods & tbg. Repair tbg leak. RIH w/ Tbg, pump, and rods. Hang on. RDMO. Return to production.		
Spud Date:	Rig Release Date:	Į.
Spad Bate.	Rig Release Date.	
I hereby certify that the information	above is true and complete to the best of my know	wledge and helief
Thereby certify that the information	above is true and complete to the best of my know	wiedge and benef.
97 /		
SIGNATURE //	TITLEEngineer	DATE7/30/2014
Type or print name Greg Cie	inski E-mail address:gregcsl	ki@yahoo.com PHONE:720-839-2555_
For State Use Only		
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		