

Submit 1 Copy 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
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-025-12786
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Rice Operating Company		6. State Oil & Gas Lease No. SW-61
3. Address of Operator 112 W Taylor, Hobbs, NM 88240		7. Lease Name or Unit Agreement Name EME SWD
4. Well Location Unit Letter M : 165 feet from the South line and 165 feet from the West line Section 33 Township 20S Range 37E NMPM County Lea		8. Well Number #033M
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,519' GR		9. OGRID Number 19174
		10. Pool name or Wildcat SWD; San Andres

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: MIT <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Intend to Run MIT on 3-12-2021 around 12:00 noon. Successful MIT will dictate whether or not well is put back in service. Plan to have Tubing cleaned, inspected, and plastic coated. Once that is done we will rig back up on the well to pull rental string and run original tubing to the original packer setting depth. Estimated time on this was 4-6wks.

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 *Kate Anderson* TITLE *Landman* DATE *3/11/2021*

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

District I
1625 N. French Dr., Hobbs, NM 88240
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CONDITIONS

Action 20528

CONDITIONS OF APPROVAL

Operator: RICE OPERATING COMPANY 122 W Taylor Hobbs, NM88240			OGRID: 19174	Action Number: 20528	Action Type: C-103X
OCD Reviewer	Condition				
pkautz	Must perform MIT after pulling rental tubing and running original tubing				