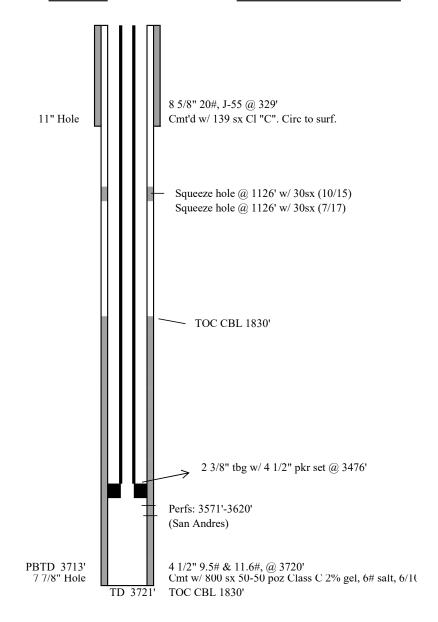
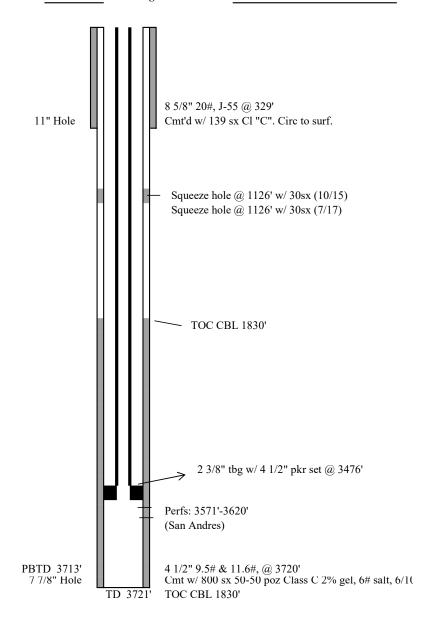
institut V Copy Po Appropriate District		State of New Me			Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, N	Ainerals and Natu	iral Resources	WELL API NO.	ised July 18, 2013
<u>District II</u> – (575) 748-1283 311 S. First St., Artesia, NM 88210	OIL CO	NSERVATION	DIVISION	30-005-20558 5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 000 Rio Brazos Rd., Aztec, NM 87410		0 South St. Frai	ncis Dr.	STATE XX	FEE 🗌
<u>istrict IV</u> – (505) 476-3460	,	Santa Fe, NM 87	7505	6. State Oil & Gas Lease N	0.
220 S. St. Francis Dr., Santa Fe, NM 7505				K-3259	
SUNDRY NO DO NOT USE THIS FORM FOR PRO	OTICES AND REPOPOSALS TO DRILL O			7. Lease Name or Unit Agr	eement Name
IFFERENT RESERVOIR.  USE "AP! ROPOSALS.)	PLICATION FOR PERM	MIT" (FORM C-101) FO	OR SUCH	Sun State	
Type of Well: Oil Well	Gas Well	Other		8. Well Number #001	
Name of Operator				9. OGRID Number	
FEVENSON OIL CO. LLC Address of Operator				258867  10. Pool name or Wildcat	
709 N 9 <sup>th</sup> St., Lovington NM 8	8260			SWD; San Andres	
Well Location					
Unit LetterM	_:660f	eet from the _South	n line and	_660feet from theWest_	line
Section 36		ownship 7S	Range 30E	NMPM Chaves	County
	11. Elevation	(Show whether DR	, RKB, RT, GR, etc.	.)	
12. Chec	k Appropriate B	ox to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF	INTENTION T	O:	SUE	SEQUENT REPORT (	DF:
ERFORM REMEDIAL WORK			REMEDIAL WOR		IG CASING
EMPORARILY ABANDON	CHANGE PLA	<del></del>	COMMENCE DR		
JLL OR ALTER CASING		OMPL	CASING/CEMEN	IT JOB	
THER:			OTHER:		
				d give pertinent dates, includir	
		E 19.15.7.14 NMAC	C. For Multiple Co	mpletions: Attach wellbore di	agram of
proposed completion or	recompletion.				
Locate Leak and Test C	sg				
1. Notify OCD 24 hrs prior	to RU				
<ul><li>2. Pull tension into okr and</li><li>3. If csg does not test from</li></ul>			MIT test)		
4. RIH w/ plug and pkr and		og and pki			
5. Perform injection test or					
6. Squeeze hole					
<ul><li>7. Drill out cmt</li><li>8. Test csg integrity</li></ul>					
9. Notify OCD 24 hours pr	ior to test				
10. Pressure test well and ch	art pressure.				
11. Once well passes integri	ty test, SI well until	injection permit is	approved.		
11/9/1076			11/14/1076		
d Date: 11/8/1976		Rig Release Da	ate: 11/14/1976		
ereby certify that the informati	on above is true and	complete to the b	est of my knowledg	ge and belief.	
GNATURE LOS LOS	TITLE_	Ops Manager	DATE	9/24/2021	
maintaine C. D.	E 21 - 3.1			DIIONE 656	E12 E140
pe or print name _Cory Rogers r State Use Only	s_ E-mail address:	rackenergyservi	ces@yanoo.com	PHONE:575-	313-3148
<del>.</del>	1				
PROVED BY:X	1 Forther	TITLE Con	npliance Officer A	ADATE10/	7/21
11.1					

Conditions of Approval (if any) Released to Imaging: 10/7/2021 11:45:52 AM

Well Name:	Sun State #001			
Pool SWD; San Ar		Andres	Formation: San Andres	
Location:	660' FSL &	660' FWL, Unit M Sec 30	6, T 7S; R 30E	
County:	Chaves			
State:	NM	API #:	30-005-20558	
GR Elev:	4162	Spud Date:	11/8/1976	
KB:	0	Orig. Operator:		
KB Elev:	4162	Orig. Well Name:	Sun State #001	

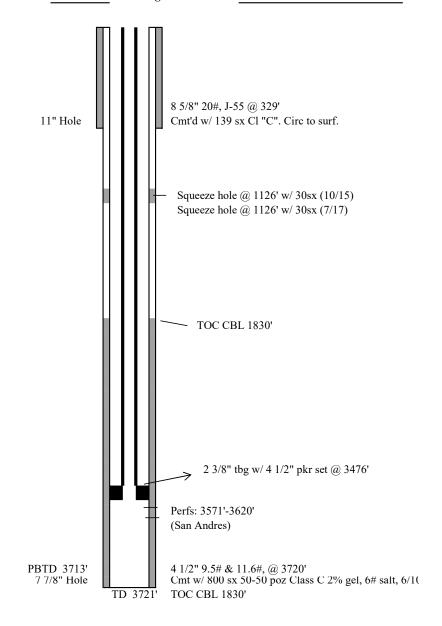


Well Name: Sun State #001 Pool SWD; San Andres Formation: San Andres **Location:** 660' FSL & 660' FWL, Unit M Sec 36, T 7S; R 30E **County:** Chaves State: NM **API #:** 30-005-20558 **GR Elev:** 4162 **Spud Date:** 11/8/1976 KB: 0 Orig. Operator: KB Elev: Orig. Well Name: Sun State #001 4162

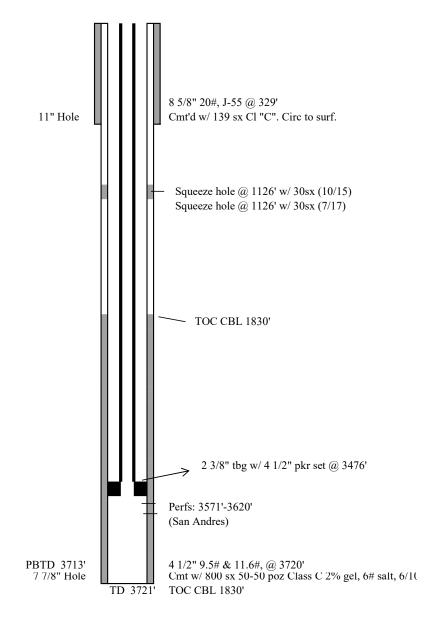


	To Appropriate District 9:3	9 PM	State of New Me	exico	Form C-1
Office District I – (575)	393-6161	Energy, N	Minerals and Natu	ral Resources	Revised July 18, 20
	Dr., Hobbs, NM 88240				WELL API NO.
<u>District II</u> – (575		OIL CO	NSERVATION	DIVISION	30-005-20558
	811 S. First St., Artesia, NM 88210  District III – (505) 334-6178  1220 South St. Francis Dr.		5. Indicate Type of Lease		
	s Rd., Aztec, NM 87410		Santa Fe, NM 87		STATE XX FEE
District IV – (50	05) 476-3460 cis Dr., Santa Fe, NM	•	Sama Te, INIVI 6	7303	6. State Oil & Gas Lease No.
87505	cis Di., Saina Pe, Nivi				K-3259
(DO NOT USE	SUNDRY NOTI THIS FORM FOR PROPO ESERVOIR. USE "APPLIC	SALS TO DRILL O		UG BACK TO A	7. Lease Name or Unit Agreement Name
PROPOSALS.)	ESERVOIR. CSE 711 TER	ATTION TORTER	viii (roidine 101) re	ok been	Sun State
1. Type of W	Vell: Oil Well	Gas Well	Other		8. Well Number #001
2. Name of 0	Operator				9. OGRID Number
	N OIL CO. LLC				258867
3. Address o					10. Pool name or Wildcat
1709 N 9 <sup>th</sup> St	t., Lovington NM 8820	50			SWD; San Andres
4. Well Loca	ation				
	Letter_M:	660 f	eet from the South	line and	660feet from theWestli
Sect	1011 30		ownship 7S	Range 30E	
		11. Elevation	(Show whether DR,	, RKB, R1, GR, etc	(1.)
TEMPORARI PULL OR AL	NOTICE OF IN REMEDIAL WORK X ILY ABANDON  TER CASING  COMMINGLE	PLUG AND A CHANGE PLA MULTIPLE CO	BANDON   ANS	REMEDIAL WOR	RILLING OPNS. P AND A
CLOSED-LO					
OTHER:	OF STSTEM			OTHER:	Г
	rihe proposed or comp	leted onerations	(Clearly state all t	-	nd give pertinent dates, including estimated
of sta		rk). SEE RULE			ompletions: Attach wellbore diagram of
<ol> <li>Notif</li> <li>Pull t</li> <li>If csg</li> <li>RIH t</li> <li>Perfo</li> <li>Squee</li> <li>Drill</li> <li>Test o</li> <li>Notif</li> <li>Press</li> </ol>	te Leak and Test Csg by OCD 24 hrs prior to ension into okr and test does not test from #2 w/ plug and pkr and lo rm injection test on ho eze hole out cmt csg integrity by OCD 24 hours prior ure test well and chart well passes integrity to	at csg. (If csg te then POOH w/ cate hole. de.	tbg and pkr		
Spud Date:	11/8/1976		Rig Release Da	11/14/1976	i
I hereby certify	y that the information	above is true and	d complete to the bo	est of my knowled	ge and belief.
SIGNATURE_	Con Roya	TITLE_	Ops Manager	DATE	E9/24/2021
Type or print r For State Use	name _Cory Rogers_	E-mail address:	rackenergyservi	ces@yahoo.com	PHONE:575-513-5148
APPROVED I	BY:		TITLE		DATE
C 1''	1 ('C')				<del></del>

Well Name:	Sun State #001			
Pool SWD; San Ar		Andres	Formation: San Andres	
Location:	660' FSL &	660' FWL, Unit M Sec 30	6, T 7S; R 30E	
County:	Chaves			
State:	NM	API #:	30-005-20558	
<b>GR Elev:</b>	4162	Spud Date:	11/8/1976	
KB:	0	Orig. Operator:		
KB Elev:	4162	Orig. Well Name:	Sun State #001	



Well Name:	Sun State #001			
Pool	SWD; San Andres		Formation: San Andres	
Location:	660' FSL &	660' FWL, Unit M Sec 36	6, T 7S; R 30E	
County:	Chaves			
State:	NM	API #:	30-005-20558	
<b>GR Elev:</b>	4162	Spud Date:	11/8/1976	
KB:	0	Orig. Operator:		
KB Elev:	4162	Orig. Well Name:	Sun State #001	



District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. **Santa Fe, NM 87505** 

CONDITIONS

Action 51691

## **CONDITIONS**

Γ	Operator:	OGRID:
	STEVENSON OIL COMPANY, INC.	258867
	1709 N. 9th	Action Number:
	Lovington, NM 88260	51691
		Action Type:
		[C-103] NOI Workover (C-103G)

## CONDITIONS

Created By	Condition	Condition Date
kfortner	Run Post workover MIT test SI well until Injection is approved	10/7/2021