

Santa Fe Main Office  
Phone: (505) 476-3441  
General Information  
Phone: (505) 629-6116

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

Online Phone Directory Visit:  
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. <b>30-015-38569</b> 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> 6. State Oil & Gas Lease No. <b>330713</b> 7. Lease Name or Unit Agreement Name <b>Cannonball</b> 8. Well Number <b>001H</b>
2. Name of Operator <b>Raybaw Operating, LLC</b>		9. OGRID Number <b>330220</b>
3. Address of Operator <b>2626 Cole Avenue, Suite 300 Dallas, TX 75204</b>		10. Pool name or Wildcat <b>Atoka, Glorieta-Yeso</b>
4. Well Location Unit Letter <b>H</b> : <b>2310</b> feet from the <b>N</b> line and <b>330</b> feet from the <b>E</b> line Section <b>20</b> Township <b>18S</b> Range <b>26E</b> NMPM County <b>Eddy</b>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3411' (GR)</b>		

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

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

Rigged up well servicing equipment. LD WS. TOH SB production tubing. TIH to tag for fill. LD WS and LD PS. RU production equipment. Good pumping action. Rigged down well servicing equipment and cleaned location. Returned well to production.

Spud Date:

11/14/2024

Rig Release Date:

11/15/2024

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Irma Rodriguez TITLE Regulatory Analyst DATE 12/10/2024  
 Type or print name Irma Rodriguez E-mail address: Irma@oaknrg.com PHONE: 713-725-5660  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

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CONDITIONS

Action 410309

CONDITIONS

Operator: RAYBAW Operating, LLC 2626 Cole Avenue Dallas, TX 75204	OGRID: 330220
	Action Number: 410309
	Action Type: [C-103] Sub. Workover (C-103R)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	12/17/2024