

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.)		WELL API NO. 30-015-41034
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Raybaw Operating, LLC		6. State Oil & Gas Lease No. 333867
3. Address of Operator 2626 Cole Avenue, Suite 300 Dallas, TX 75204		7. Lease Name or Unit Agreement Name Regulator 29 SWD
4. Well Location Unit Letter <u>I</u> : <u>1650</u> feet from the <u>S</u> line and <u>990</u> feet from the <u>E</u> line Section <u>29</u> Township <u>18S</u> Range <u>26E</u> NMPM County <u>Eddy</u>		8. Well Number <u>001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3412' (GR)		9. OGRID Number <u>330220</u>
10. Pool name or Wildcat SWD; Devonian		

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

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

Rigged up well servicing equipment. Bleed off tubing. Break down tree on WH. Pumped 3.5 BPM (128 bbls). Packer held. Tested casing to 500 psi, held good. Rigged down well servicing equipment and cleaned location.

Spud Date:

12/2/2024

Rig Release Date:

12/2/2024

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 12/11/2024

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 410655

CONDITIONS

Operator: RAYBAW Operating, LLC 2626 Cole Avenue Dallas, TX 75204	OGRID: 330220
	Action Number: 410655
	Action Type: [C-103] Sub. Workover (C-103R)

CONDITIONS

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