

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

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

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

WELL API NO.	30 - 025 - 09512	
5. Indicate Type of Lease	STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.		
7. Lease Name or Unit Agreement Name	H. Whitten	
8. Well Number	1	
9. OGRID Number	226927	
10. Pool name or Wildcat	96141 SWD Yates Seven River	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	County Lea	

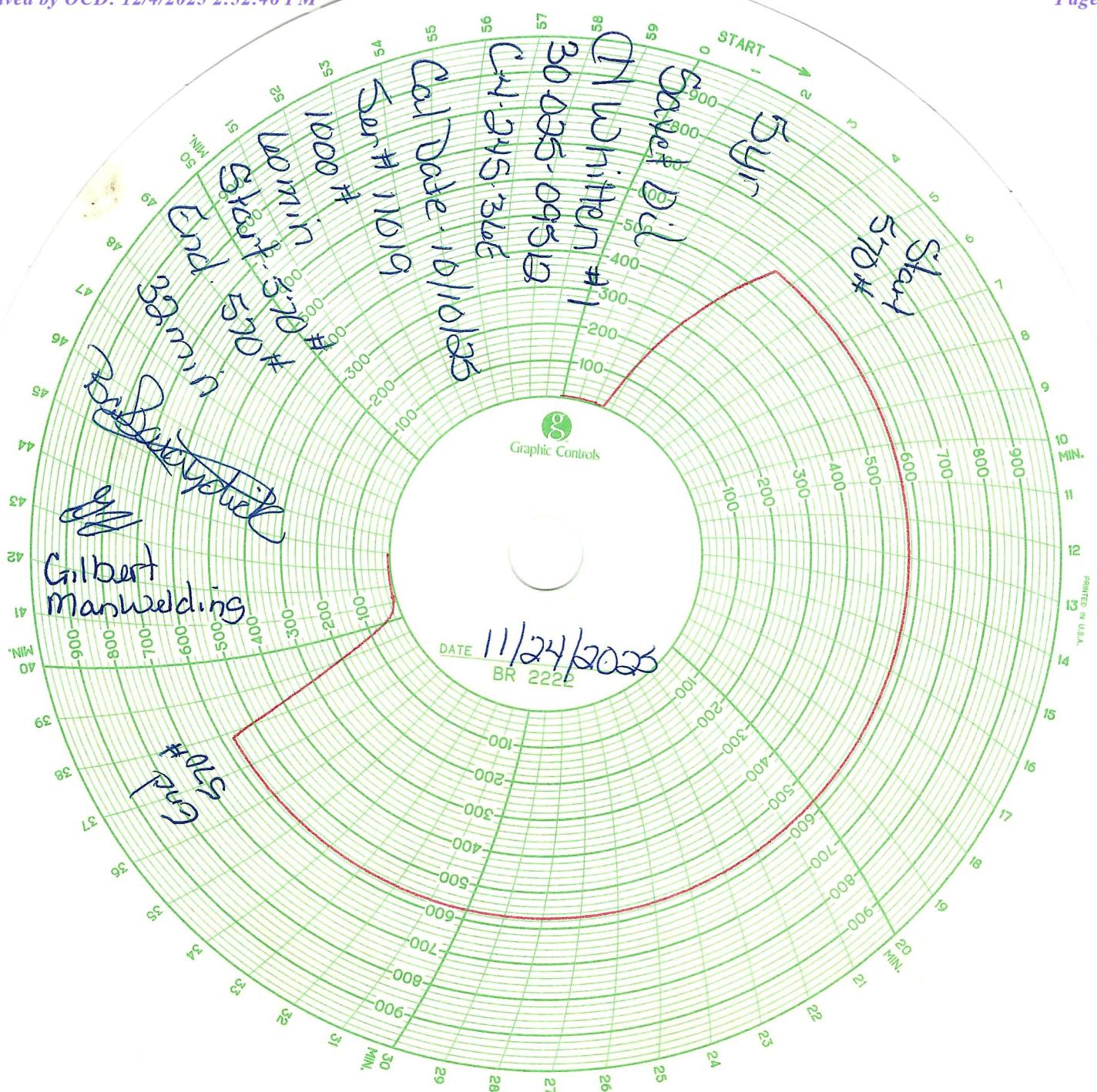
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator	Saxet Oil Corporation
3. Address of Operator	PO Box 7434, Midland, TX
4. Well Location	Unit Letter C : feet from the 330 FN 7970 ⁸ line and 23 10 Township 24S Range 36 E NMPM
	Section 4
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	
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"/>	
SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input 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 checked="" 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.	
MIT 5 year test conducted on 12/01/25. See attached MIT chart.	

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 Cynthia Aaron TITLE Regulatory Analyst DATE 12-4-25
 Type or print name Cynthia Aaron E-mail address: Shoutenergyinc@gmail.com PHONE: 432.618.0499
For State Use Only

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



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CONDITIONS

Action 531986

CONDITIONS

Operator: SAXET OIL CORPORATION P.O. Box 7434 Midland, TX 79708	OGRID: 226927
	Action Number: 531986
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	1/23/2026