## Rec'd 05/27/2020 - NMOCD

Submit One Copy To Appropriate District  State of New Mexico	Form C-103
Office District I  Energy, Minerals and Natural Resources	Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-005-60701 5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV Santa Fe, NM 8/303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	SELMAN DRAW NS ST
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other INJECTION	8. Well Number 001
2. Name of Operator	9. OGRID Number
GRIZZLY OPERATING, LLC	258350
3. Address of Operator 5847 SAN FELIPE ST SUITE 3000 HOUSTON, TX 77057	10. Pool name or Wildcat PECOS SLOPE; ABO
4. Well Location	12000 02012,1120
Unit Letter_J_:_1980feet from the S_ line and 1980feet from the E_line	
Section 9 Township 07S Range 24E NMPM County CHAVEZ	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3924 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING	
TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRIL	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB	
OTHER:	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.	
<ul> <li>         ⊠ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.     </li> <li>         ⊠ A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the     </li> </ul>	
ODED ATOD NAME I FACE NAME WELL NUMBED ADINUMBED OUADTED/OUADTED LOCATION OD	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR	
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	
☐ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and	
other production equipment.	
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed	
from lease and well location.	
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have	
to be removed.)  All other environmental concerns have been addressed as per OCD rules.	
<ul> <li>➢ An other environmental concerns have been addressed as per OCD fules.</li> <li>➢ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-</li> </ul>	
retrieved flow lines and pipelines.	
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.	
location, except for utility's distribution infrastructure.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
SIGNATURE Carie Stoker TITLE Regulatory Affairs	CoordinatorDATE5/26/2020
TYPE OR PRINT NAMECARIE STOKERE-MAIL:carie@stokeroilfield.comPHONE: _432.664.7659	
For State Use Only	1101.2
APPROVED BY: Quilboat Can dona TITLE Stall M.	100 DATE 5/20/2020
APPROVED BY: <u>Gilbert Cordero</u> TITLE <u>Staff Will</u> Conditions of Approval (if any):	DATE SIZSIZOZO

