Office Office	State of New M	lexico NM	OCD-REC'D: 8	/26/2020	Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Na	WELL API N	O. Revised	August 1, 2011		
<u>District II</u> – (575) 748-1283	OIL CONSERVATIO	30-005-60849				
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Fra	5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		STATE S FEE 6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM	200000	o. State Off &	Gas Lease No	•		
87505	CES AND DEDODTS ON WELL	C	7 Logga Nom	a ar I Init A ara	amant Nama	
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.)			7. Lease Name or Unit Agreement Name NED STATE 8. Well Number 001			
						1. Type of Well: Oil Well Gas Well Other
2. Name of Operator		9. OGRID Number				
GRIZZLY OPERATING, LLC			258350			
3. Address of Operator	Operator IPE, SUITE 3000 HOUSTON, TX 77057			10. Pool name or Wildcat PECOS SLOPE, ABO		
	1100510N, 12 77057		12005 52012,			
4. Well Location						
	eet from the S line and 1980		line			
Section 05 Township 09S Range 23E			NMPM	County C	HAVEZ	
3934 GR						
	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL Deted operations. (Clearly state all k). SEE RULE 19.15.7.14 NMA mpletion.	REMEDIAL WORD COMMENCE DR CASING/CEMEN OTHER: RTP pertinent details, and C. For Multiple Com	RILLING OPNS. IT JOB If give pertinent descriptions: Attach	ALTERING P AND A ates, including a wellbore diag	estimated date	
8/07/20: Perf @ 848'. Broke circ, cir equipment. Cut off WH. Install DHM		e and behind 4 ½" cs	g. WOC verify c	mt at surf. RD.	PA	
SIGNATURE Q.C.	TAD O	pproved for plugging of well bore onloceing of c-103 (Subsequent Report of CD Web Page under Forms, www.em	f Well Plugging) which may be nrd.state.nm.us			
Type or print name CARIE STO	KED E-mail address: assis (ast	okaroilfield com DIII	ONE: 422 664 5	1650		
Type of print name CARIE STO	KER E-mail address: carie@sto		JNE. 452-004-/	- 12 13 13 13 - 13 - 13 - 13		
APPROVED BY: APP	TITLE_	Staff Manager	I	OATE 9/2/2	2020	
Conditions of Approval (if any):						