

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

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

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.)		WELL API NO. 30-015-22413
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 Grizzly Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 5847 San Felipe St., Suite 3000, Houston, TX 77057		7. Lease Name or Unit Agreement Name SIEGENTHALER IS COM
4. Well Location Unit Letter <u>K</u> : <u>1460</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>21</u> Township <u>17S</u> Range <u>26E</u> NMPM County <u>Eddy</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3369' GR		9. OGRID Number 258350
		10. Pool name or Wildcat Kennedy Farms; Upper Penn

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <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.

- 10/21/20 Spot 25 sx class C cmt on top of CIBP at 7040'. Tag TOC at 6848' inside 4 1/2 csg.
- 10/22/20 Perf at 5510' could not get inject rate. Drop down to 5560'. Spot 25 sx class C cmt. Tag TOC at 5248' inside 11 1/2 csg. Perf at 4412' sqz'd 50 sx class C cmt. Tag TOC at 4256' inside 4 1/2 csg.
- 10/23/20 Perf at 2379' sqz'd 50 sx class C cmt. Tag TOC at 2208' inside 4 1/2 csg.
- 10/26/20 Perf at 1526' could not get inject rate. Drop down to 1576'. Spot 25 sx class C cmt. Tag TOC at 1320' inside 4 1/2 csg. Perf at 960' sqz'd 50 sx class C cmt. Tag TOC at 832' inside 4 1/2 csg.
- 10/27/20 Perf at 420 circulate 180 sx class C cmt to surface inside and behind 4 1/2 csg. Cut off wellhead, back free location. RD P&A equipment. Job completed.

Spud Date:

Rig Release Date:

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OGD Web Page under Forms, www.emnrd.state.nm.us

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

SIGNATURE TITLE Agent DATE 10/29/20

Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600

For State Use Only

APPROVED BY: TITLE Staff Manager DATE 11/4/2020

Conditions of Approval (if any):