

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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
8. Well Number	
9. OGRID Number	
10. Pool name or Wildcat	
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 type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator 3. Address of Operator 4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section 25 Township 23S Range 29E NMPM County Eddy 11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>)	

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 type="checkbox"/>	
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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.

02/28/2019: Spud well.

02/28-03/03/2019: Spud well. Drill 9-5/8" surface to 321'. Hit O&G pocket. Kill well w/650bbbls FW. Wash & ream 9-5/8" to 321'. RIH w/ 7"-20# J-55 casing, set at 321'. Cmt w/1380sx Cl C 2. 2% CaCl cmt. Lost returns. Bump plug. WOC.

03/04/2019: Drop tally tape between 9-5/8" hole & 7" csg. Tag @ 113'. Pump 118sx Cl C cmt w/2% CaCl. Cmt at surf. WOC. Press. test csg to 1200psi for 30 mins. Good test.

03/05-03/06/2019: Rig Repairs.

03/07-03/16/2019: Rig repairs completed. Drill 5-1/2" hole to 1010' while performing TCM logging. Wash and ream to 1000'. RIH w/ 2-7/8"-6.5# J-55 csg w/fiber optic line, set at 993'. Pump 380sxs 14.8# Cl C cmt. Circ to surf. WOC. Press. test csg to 1500psi for 30 mins. Good test. Verify continuity of fiber cable. Job complete. RD. Monitoring well online.

This is record clean-up.

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 Stephanie Rabadue TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):