OCD Received Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Date: 3/31/2020 Office Revised July 18, 2013 Energy, Minerals and Natural Resources District I – (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 **OIL CONSERVATION DIVISION** 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III – (505) 334-6178 1220 South St. Francis Dr. STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 7. Lease Name or Unit Agreement Name 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.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other 9. OGRID Number 2. Name of Operator 3. Address of Operator 10. Pool name or Wildcat 4. Well Location Unit Letter : _____ feet from the _____ line and _____ feet from the _____ line Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 □ COMMENCE DRILLING OPNS.□ TEMPORARILY ABANDON CHANGE PLANS P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: OTHER: 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. Spud Date: Rig Release Date: ** NMAC Rules: 19.15.7.11 & 19.15.7.14 C&D; Within 10 days following the commencement of drilling operations, the operator shall file a report of casing and cement test within 10 days following I hereby certify that the information above is true and complete to the best of my knowledge and the setting of each string of casing or liner. CollegaTITLE DATE Type or print name ____ E-mail address: PHONE: PHONE: For State Use Only APPROVED BY: <u>Gilbert Cordero</u> TITLE Conditions of Approval (if any):