Rec'd 05/122020 - NMOCD

| Submit One Copy To Appropriate District Office | State of New Mexico | | Form C-103 | | |
|--|--|--------------------|--|-----------------------------|--|
| <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | Revised November 3, 2011 WELL API NO. | | |
| <u>District II</u> 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-005-636 | | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | 5. Indicate STA | Type of Lease TE □ FEE ⊠ | |
| District IV | Santa Fe, NM 8 | 37505 | | & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | | |
| 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 DROPOSALS.) | | | 7. Lease Name or Unit Agreement Name COCKTAIL BAR STATE COM | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTION | | | 8. Well Nur | mber 001 | |
| 2. Name of Operator GRIZZLY OPERATING, LLC | | | 9. OGRID 1 258350 | Number | |
| 3. Address of Operator 5847 SAN FELIPE ST SUITE 3000 HOUSTON, TX 77057 | | | | me or Wildcat DPE; ABO | |
| 4. Well Location | | | | | |
| Unit Letter_E_: <u>1980</u> feet from the N_ line and <u>660</u> feet from the <u>W</u> line | | | | | |
| | <u>7S</u> Range <u>24E</u> NMPM Cou 11. Elevation (Show whether D | | | | |
| | 4033 G | R | | I. | |
| 12. Check Appropriate Box to In- | dicate Nature of Notice, R | eport or Other Dat | ta | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CAS TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P | | | | | |
| OTHER: | | ☑ Location is re | ady for OCD | inspection after P&A | |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | | | |
| 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. | | | | | |
| \square 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. | | | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-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. | | | | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | | | |
| SIGNATURE Caris Stoker TITLE Regulatory Affairs Coordinator DATE5/12/2020 | | | | | |
| TYPE OR PRINT NAMECARIE S' For State Use Only | | | | | |
| APPROVED BY: <u><i>Gilbert (</i></u> Conditions of Approval of any): | ordero | Staff W | NGR | DATE 5/20/2020 | |

| Conditions | of Approval | f anv). |
|------------|---------------|---------|
| Conditions | of Approvator | i any). |

