Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-45018-0000
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE S
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		NA
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
*	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Hokie Fee
PROPOSALS.)	<u></u>	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	702H
2. Name of Operator		9. OGRID Number
ASCENT ENERGY, LLC 3. Address of Operator		325830
1125 17 th Street, Suite 410, Denver, CO. 80202		10. Pool name or Wildcat Carlsbad; Wolfcamp, East
4. Well Location	.,	Canada, Woneamp, 2400
	:1852feet from the North line and4	433feet from theEastline
Section 21	Township 22S Range 27E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	, ,
	GR: 3106'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	NTENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	N OTHER.	
OTHER:	OTHER: bleted operations. (Clearly state all pertinent details, a	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple C	
proposed completion or re-		ompressors remain weare drag and or
	lly requests an extension of the original APD expiration	on of 6/5/2020 for an additional one year to
6/5/2021.		
Spud Date:	Rig Release Date:	
I haraby contify that the information	chave in true and complete to the best of mentals and	lgs and balief
I hereby certify that the information	above is true and complete to the best of my knowled	lge and belief.
I hereby certify that the information	above is true and complete to the best of my knowled	lge and belief.
SIGNATURE_electronically filed by	by Ben Metz	TITLEVP Exploration DATE_6/4/2020
SIGNATURE_electronically filed by Type or print name _Ben Metz	by Ben Metz	TITLEVP Exploration DATE_6/4/2020
SIGNATURE_electronically filed by	by Ben Metz E-mail address: bmetz@ascenten	TITLEVP Exploration DATE_6/4/2020

