Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-24655
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	STATE 🛛 FEE 🗌
1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. B-8814-19
	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		TWO FORKS STATE 1 SWD
1. Type of Well: Oil Well Gas	s Well 🕅 Other SWD	8. Well Number 001
. 2. Name of Operator RAY WESTALL OPERATING, INC.		9. OGRID Number 119305
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4, LOCO HILLS, NM 8825	5	SWD; WOLFCAMP - PENN
4. Well Location Unit Letter B : 660' feet from	the NORTH line and 2090' feet from the EAS	T line.
Section 2		8E NMPM County EDDY
	I. Elevation (Show whether DR, RKB, RT, GR, et 3646'	tc.)
12. Check App	ropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTE	NTION TO: SU	BSEQUENT REPORT OF:
—		
—	HANGE PLANS  COMMENCE D ULTIPLE COMPL CASING/CEME	RILLING OPNS.
DOWNHOLE COMMINGLE		
CLØSED-LOOP SYSTEM		NTER AND CONFIGURE FOR SWD
13 Describe proposed or completed	operations (Clearly state all pertinent details a	nd give pertinent dates, including estimated date
of starting any proposed work).	SEE RULE 19.15.7.14 NMAC. For Multiple C	
proposed completion or recomp	letion.	
O.C.D ADMINISTRATIVE ORDER SW	/D-1491	
SEE ATTACHED INFORMATION		NM OIL CONSERVATION
		NOV 17 2014
		RECEIVED
Spud Date:	Rig Release Date:	······
		· · · ·
I hereby certify that the information above	is true and complete to the best of my knowledge	ge and belief.
$\square$		
SIGNATURE 211 102	C TITLE GOOKKey	
Type or print name ICENE Hop	D-e E-mail address:	PHONE: (51/5), 77-2370
For State Use Only	яd	PHONE: ( <u>5 /5 /6 / / 2 3 /</u> 0 DATE_ <u>///2//14</u>
APPROVED BY: <b>NMOCD</b> Conditions of Approval (if any):	TITLE	DATE 1//2//14
Conditions of Approval (It ally).		

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