Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-15-06/94 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 🗌
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No. B/ -635
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
_ · · · · · · · · · · · · · · · · · · ·	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Legard
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well & Other Last Dome Storag	
2 Name of Operator	elle ASF. LTD	9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
123101d	ANNESTA Rd. A/Edo, Tx 76008	
Unit Letter L: 1975 feet from the South line and 560 feet from the west line		
Section 175	Township 29E Range	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR	l, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	ITENTION TO: S PLUG AND ABANDON □ REMEDIAL REMEDIAL	SUBSEQUENT REPORT OF: WORK
TEMPORARILY ABANDON		E DRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CE	MENT JOB
CLOSED-LOOP SYSTEM		
OTHER: 13. Describe proposed or comp	OTHER:	ls, and give pertinent dates, including estimated date
Control of the contro		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. # 1 Pulled Messil tubing (found stonger missing on and of coil tubing). # 2 Rigged coil tubing unit down.		
# 1 Pulled Meser want Just		
et a Rigged o	oil tubing unit down.	·
#2	P	M OIL CONSERVATION
	•	ARTESIA DISTRICT
		JUL 1 4 2015
		RECEIVED
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my know	vledge and belief.
SIGNATURE Mysen Ke	uman TITLE Ternanal M.	Avaged DATE 7/13/15
Type or print name Myron K	E-mail address:	PHONE: 575-677-233/
For State Use Only		20
APPROVED BY:	TITLE DISTA	DU (SA DATE 7-14-15
Conditions of Approval (if any):	V	