Submit 1 Copy Office	To Appropriate District		State of New M			_	Form C		
<u>District I</u> – (575		Energy, N	Minerals and Nat	ural Resources	WELL AF		evised July 18	8, 2013	
District II – (57)	Dr., Hobbs, NM 88240 5) 748-1283	OH CC	NCCDVATION DIVICION		30-015-42565				
Sistict II = (575) Artesia, NM 88210 District III = (505) 334-6178 OIL CONSERVATION DIVISION 1220 South St. Francis Dr					5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505						STATE FEE			
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM						6. State Oil & Gas Lease No. X0-0647-0405			
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 PROPOSALS.)						7. Lease Name or Unit Agreement Name			
						STÀTE			
1. Type of Well: Oil Well Gas Well Other						8. Well Number #004			
1						9. OGRID Number 873			
•						Pool name or Wildcat			
	Airpark Lane, Suite	1000 Midland, T	X 79705		[96830] AF	96830] ARTESIA; GLORIETA-YESO (O)			
4. Well Loc	D	. 915 feet	SOUTH		10	F	Τρα		
i	t Letter		from the SOUTH	line and 20		feet from the _		_line	
Sec	tion 29			ange 28E	NMPM	Count	ty EDDY		
		11. Elevation	(Show whether DI 3696' GL	R, RKB, RT, GR, etc	c.)				
<u> </u>			3030 OL_				<u> </u>		
	12. Check	Appropriate B	ox to Indicate N	Nature of Notice	. Report or	Other Data			
					•				
	NOTICE OF I					IT REPORT			
	REMEDIAL WORK			REMEDIAL WO			RING CASIN		
	TER CASING	-		COMMENCE DI CASING/CEME		_	A		
	TER CASING [COMMINGLE [JMPL []	CASING/CEME	NT JOB				
	OOP SYSTEM	-							
OTHER:	SQUEEZE			OTHER:					
	ribe proposed or com								
	arting any proposed vosed completion or re		E 19.15.7.14 NMA	C. For Multiple C	ompletions: A	Attach wellbore	: diagram of		
	•	•							
	eted the following work OR IN PERFORATING		EEZE THE SAN A	NDRES AS FOLLO	DWS:	NM OIL CO)NSERVA	TION	
		-, ··- ··				ARTESI	A DISTRICT		
IIRU OOH W/ROD:	9					SEP	0 3 2015		
UBOP. POOF							0 2013		
IH & SET CIB						מככ	mai		
UH & set PKR						KEC	EIVED		
QUEEZE PER OOH/ Let CM		•							
	DO CMT AND CIBE	² , POOH							
IH W/ PRODU UT WELL IN	JCTION EQUIPMENT	Γ. RD						•	
OI WELL IN	IODAT IEST								
Spud Date:	07/26/2015		Rig Release D	ate: 07/31/2015					
I hanahar aanti (Sa shas sha i waxwe was i	1	1 1-4 - 4 - 41 - 1		11 1200				
i nereby certii	ry that the information	above is true and	a complete to the t	best of my knowled	ige and belief.				
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SIGNATURE	:	celle	O TITLE Reg A	nalyst		DATE 2	7/28//	15	
	Enails Falls			F-9 (-W C					
	name Emily Follis		E-mail addres	SS: Emily.follis@apad	checorp.com	PHONE: _	(432) 818-18	301	
For State Use	e Omy	\ . []	ລ	(11) a			. / /		
APPROVED I	BY: (/)()	KKL	TITLE	THE WHEN	UNV	DATE /	7/3/15		
	Approval (if any):			7			/ /		