Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240     District II – (575) 748-1283     811 S. First St., Artesia, NM 88210     District III – (505) 334-6178     1000 Rio Brazos Rd., Aztec, NM 87410     District IV – (505) 476-3460	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-015-32682		
		5. Indicate Type of Lease STATE X FEE		
1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gás Lease No. E10001		
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		7. Lease Name or Unit Agreement Name PORTERHOUSE STATE COM		
PROPOSALS.)		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 882	SWD; GRAYBURG-SAN ANDRES			
4. Well Location				
Unit Letter A : 660' feet from the NORTH line and 660' feet from the EAST line.				
Section 32	Township 18S Range 31E	NMPM <sup></sup> County EDDY		
	1. Elevation (Show whether DR, RKB, RT, GR, etc.			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK 🔲 PLUG AND ABANDON 🔲	REMEDIAL WORK	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING 💫 🗌 🛛 MULTIPLE COMPL 🔤 🔲		
CLOSED-LOOP SYSTEM		
OTHER:		

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellb

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INITIAL INJECTION:	1/11/16 - 4000 BPD	AT 1600 PSI
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## **NM OIL CONSERVATION**

ARTESIA DISTRICT

JAN 19 2016

		RECEIVED
Spud Date:	Rig Release Date:	·
	:	
I hereby certify that the information above is true and	complete to the best of my knowledge	and belief.
signature Levelope	TITLE BOOKKEEPER	DATE I IS IL
Type or print name <u>RENE HOPE</u>		PHONE: <u>575-677-2370</u>
For State Use Only   APPROVED BY:	TITIEDES PS DOUGU	1 DATE 1201
Conditions of Approval (if any):		DATE TRACTO

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