Submit 3 Copies To Appropriate District	State	of New Me	exico	Form C-103
Office <u>District 1</u>	Energy, Minerals and Natural Resources			May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OU CONSE		DIVISION	30-015-23851
1301 W. Grand Ave., Artesia, NM 88210 District III	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 6. State Oil & Gas Lease No.
District <u>IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505				3536
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name
(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.)				Dinero State Com 8. Well Number
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other				1
2. Name of Operator Dinero Operating Co.				9. OGRID Number 6224
3. Address of Operator				10. Pool name or Wildcat
P.O. Box 10505 Midland, TX 79702				Indian Draw (Del)
4. Well Location				
Unit Letter C : 660				
Section 16	Fownship 22S 11. Elevation (Show	Range		NMPM County Eddy
	3102' KB			
Pit or Below-grade Tank Application 0		nonwest fusch u	eator wall	Distance from records surface water
Pit typeDepth to Groundwa Pit Liner Thickness: mil	Below-Grade Tank:			Distance from nearest surface water Construction Material
				ce, Report or Other Data
		mulcale iv	1	· •
PERFORM REMEDIAL WORK	PLUG AND ABAND	N 🛛	REMEDIAL W	ORK ALTERING CASING DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEN	
OTHER:		П	OTHER:	П
13. Describe proposed or comp			pertinent details	, and give pertinent dates, including estimated dat
of starting any proposed we or recompletion.	ork). SEE RULE 1103	. For Multip	le Completions:	Attach wellbore diagram of proposed completio
4-21-17 – Set CIBP @ 3700' spot 40 Was advised by Bob B. (O.C.D.) to a				Perf @ 2645'. Did not break circ. 600-800psi.
				c circ. 600-800psi. Was advised by Bob B.
(O.C.D.) to drop down to 550'. Circ	cmt to surface. 65sx. C	Cut off well h	nead. Top off 10	SX.
Install DHM.				
	. With	H OIL CON	ISERVATION	i bore only.
			DISTRICT	wing of well of Well Plugger
Spud Date: Call in date 4-12-17, Sta	rt date 4-17-17	MAY O	8 2017	Rig Berleader plussing of will bore only. Rig Berleader Date: dis retained pending receipt Approved Date: dis retained of Well Plugging) Approved at Out of the second at Out
		bror	11 //* N	Liability (Sub found state mb.
		RELE	IVEP	which the www.mar
I hereby certify that the information	above is true and com	alete to the b	est of my knowl	edge and belief. I further certify that any pit or below
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below- grade tank has been/will be constructed or dosed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .				
SIGNATURE 2/aug- L	k.t.		owner	DATE 5.2.17
Type or print name		E-mail ac	ldress:	Telephone No.
For State Use Only	$n \cap n$	~	A. ` A A	E AGEIRAD CIRIAN

APPROVED BY: <u>*flaturit i Kyrk*</u> TITLE <u>*COMPLIANDE OFFICER*</u> DATE <u>5/9/2017</u> Conditions of Approval (if any):