## JAN. 0 3 2019

Submit One Copy To Appropriate Dis	strict C4-4-	CNI NA L	DISTRICT II-A	RTESIA O.C.D.	
Office	State	of New Mexico als and Natural Resources		Form C-103 Revised November 3, 2011	
District I 1625 N. French Dr., Hobbs, NM 8824		ais and Natural Resources	WELL APIN	IO.	
<u>District II</u> 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		36-015-	- 23453	
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 874 District IV	Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			0. State On 6	e Gas Lease 140.	
87505 SUNDRY I	NOTICES AND REPORTS	ON WELLS	7 Lease Nan	ne 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.)				STATE B IIII	
1. Type of Well:  Gas Well  Other			8. Well Num	8. Well Number OIH	
2. Name of Operator			9. OGRID N	9. OGRID Number	
CFM OIL LLC			<u> </u>	480254	
3. Address of Operator PO BOX 1176 ARTESIA NM 88211				10. Pool name or Wildcat EMPIRE, YATES TRIVERS, EAST	
4. Well Location					
	650 feet from the N	_ line and 1650 feet from t	he E line		
	ownship $\frac{1}{15}$ Range $\frac{38}{28}$		ry EDDY		
		whether DR, RKB, RT, GR,		and the second s	
The state of the s	35	89, GK			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE O	F INTENTION TO:	l c	UBSEQUENT	DEDORT OF:	
PERFORM REMEDIAL WORL			•	ALTERING CASING ☐	
			DRILLING OPNS.	<del>_</del>	
PULL OR ALTER CASING	☐ MULTIPLE COMPL	☐ CASING/CE	MENT JOB	]	
OTHER:			in monday for OCD :		
All pits have been remedia	ted in compliance with OC			nspection after P&A	
Rat hole and cellar have b	een filled and leveled. Cath	odic protection holes have l	peen properly aband	oned.	
A steel marker at least 4" i	n diameter and at least 4' a	bove ground level has been	set in concrete. It sh	nows the	
OPERATOR NAME	I FASE NAME WELL	NIIMDED ADI NIIMDED	OUADTED/OUA	DTED I OCATION OD	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR					
	TAMPED ON THE MAR				
57 77 1 2 1 1 2					
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk trash, flow lines and other production equipment. Cas, and Mast been cleared of all junk trash, flow lines and					
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the	Operator's pit permit and c	closure plan. All flow lines.	production equipme	nt and junk have been removed	
from lease and well location.	aterials have been removed	Portable bases have been	removed '(Poured o	nsite concrete bases do not have	
			cinioved. (i odred oi	isite concrete bases do not have	
M All other environmental co	oncerns have been addresse	d as per OCD rules.			
Pipelines and flow lines ha		rdance with 19.15.35.10 NN	AAC. All fluids hav	e been removed from non-	
retrieved flow lines and pipelin  If this is a one-well lease of		se: all electrical service note	es and lines have be	en removed from lease and well	
location, except for utility's dis		po.			
•••					
When all work has been comple	eted, return this form to the	appropriate District office t	o schedule an inspec	etion.	
	1	Α		11 20 3	
SIGNATURE	Time	TITLE DWNE		DATE <u>//-28 - 18</u>	
TYPE OR PRINT NAME LO	as Fulton	E-MAIL (Smoil roma	eputlook com	_ PHONE: <u>575-746-30</u> 9°	
For State Use Only	•	~ Will 22 - W - W - W - W - W - W - W - W - W		G C	
A DDD OVED DV	DENIED		ENIED	DATE 1 / a / a	
APPROVED BY:	· · — <del>-</del>	TITLE L	c L ii <u>iiza iia/</u>	13ATE // 4/14	