Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	#30-015-23888
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR SUCH	MWI State #0014
PROPOSALS.)	Control of Other	8. Well Number
1. Type of Well: Oil Well	Gas Well Other TATECTION	9. OGRID Number
2. Name of Operator		
Walter Solt Lef	0. Box 70	10. Pool name or Wildcat
3. Address of Operator		
132745 WOULNGTON H	wy Loco Hills NM. 88255	DELAWARE SWD
4. Well Location		
Unit Letter:	860 feet from the F36 line and	1030 feet from the FLOL3 line
Section N - 30	Township 245. Range 298	NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or compost starting any proposed we proposed completion or recomposed completion or recomposed completion.	PLUG AND ABANDON REMEDIAL V CHANGE PLANS COMMENCE MULTIPLE COMPL CASING/CEM OTHER: Deleted operations. (Clearly state all pertinent details ork). SEE RULE 19.15.7.14 NMAC. For Multiple completion. RODAL FROM Q.C.D. LLC Would like to Prefer	DRILLING OPNS. PAND A MENT JOB S, and give pertinent dates, including estimated date e Completions: Attach wellbore diagram of
- The Well has	e tollowed by 80-830013 01 been Shut in Since 11/5/2	PREST LESATER BATH A SOLLEY STOCK POLICE . PO18. RECEIVED
Spud Date:	Rig Release Date:	FEB 0 7 2019 DISTRICT II-ARTESIA O.C.D.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Sens Be	TITLE Logistics (()	Den. Mug. DATE 1-25-2018 unde services PHONE: 575-200-5877
Type or print name SiSA ISI	E-mail address: Lisa Ela	
ADDROVED BY:	TITLE STATE MY	DATE 2/7/19
APPROVED BY: Conditions of Approval (if any):	IIILE THE TELL	