Submit I Copy To Appropriate District State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013
District II - (575) 748-1283	30-015-22077
District III - (505) 334-6178 1220 South St Francis Dr	5. Indicate Type of Lease
District IV – (505) 476-3460 Santa Fé, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	24704
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	Penasco
PROPOSALS.) 1. Type of Well: Oil Well. Gás Well. X Other	8. Well Number 1
2. Name of Operator Vernon E. Faulconer, Inc.	9. OGRID Number 148394
3. Address of Operator P.O. Box 7995	148394 10. Pool name or Wildcat
Tyler, TX 75711-7995	Penasco Draw Morrow
4. Well Location	
	280 feet from the East line
Section 20 Township 18S Range 25E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM. County Eddy
3573' GL	
and and in the state of an article and a state of a state of the state	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPINS P AND A (PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
CLOSED-LOOP SYSTEM	E
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 wellbore diagram of proposed completion or recompletion.	
proposed completion of recompletion.	
PLEASE ACCEPT THIS SUNDRY NOTICE AS A COURTESY. A SUNDRY NOTICE AS BEEN FILED WITH THE BLM (FORM 3160-5) FOR THE FOLLOWING:	
DUE TO POOR ECONOMIC CONDITIONS, WE HAVE SHUT IN THE PENASCO #1	
WE ARE CURRENTLY EVALUTING ALL AVAILABLE OPTIONS TO BRING THE UNIT BACK TO PRODUCTION.	
	APR 2 2 2019
	DISTRICT II-ARTESIA O.C.D.
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 Care Houlds TITLE Production Analyst	DATE 04/17/2019
and a second	· · · · · · · · · · · · · · · · · · ·
Type of print name Karen Charles E-mail address: kcharles@vefir For State Use Only	nc.com PHONE: 903-581-4382
APPROVED BY: Accepted for record - NMOCD Conditions of Approval (if any):	DATE

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