| Submit 1 Copy To Appropriate District Office  | State of New Mexico  | Form C-103                                       |
|---|--|--|
| District I - (575) 393-6161   | Energy, Minerals and Natural Resources   | Revised July 18, 2013                            |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283  | OH GOVGDDVA TYON DWYGAGA   | WELL API NO.<br>30-015-26235                     |
| 811 S. First St., Artesia, NM 88210<br><u>District III</u> – (505) 334-6178   | OIL CONSERVATION DIVISION  | 5. Indicate Type of Lease                        |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Francis Dr.   | STATE Z FEE                                      |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM  | Santa Fe, NM 87505   | 6. State Oil & Gas Lease No.                     |
| 87505   |  | 13-9739  |
|   | FICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   | 7. Lease Name or Unit Agreement Name             |
| DIFFERENT RESERVOIR. USE "APPL  | JICATION FOR PERMIT" (FORM C-101) FOR SUCH   | Eastland Queen Unit                              |
| PROPOSALS.)  1. Type of Well: Oil Well  | Gas Well 💹 Other   | 8. Well Number                                   |
| 2. Name of Operator   |  | 9 OGRID Number                                   |
| George A. Cho   | se is DBA G and C Service  | 265378   |
| 3. Address of Operator  |  | 10. Pool name or Wildcat                         |
| P.O. Box  | 1618 Artesia, NM 88211   | Turkey Track: 7rus - Qu-68-5A                    |
| 4. Well Location  | : 990 feet from the North line and   | _ `  |
| Unit Letter Section   |  | 190 feet from the West line                      |
| Section   | Township 195 Range 29 = 11. Elevation (Show whether DR, RKB, RT, GR, etc.  | NMPM County Eddy                                 |
|   | 3360 GR  |  |
|   |  | · · · · · · · · · · · · · · · · · · ·            |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |  |  |
| PERFORM REMEDIAL WORK   |  |  |
| TEMPORARILY ABANDON   | CHANGE PLANS COMMENCE DR   |  |
| PULL OR ALTER CASING  | MULTIPLE COMPL   CASING/CEMEN  | T JOB  |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM   | i i  |  |
| OTHER:  | OTHER: M   | I T Test X                                       |
| 13. Describe proposed or com  | pleted operations. (Clearly state all pertinent details, an  | d 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.  |  |  |
| -Scheduled M.I.T. Syear test.   |  |  |
| JET REGEREO   | e militime of the contraction of | •  |
| - MTT To  | st was successful (1)  | <del>-</del>                                     |
|   | st was successful. Wi  | ressed by  |
| Dan Smoli   | R with the NMOCD.  | RECEIVED   |
| _   | •  |  |
| - Wellbore  | is in production.  | 100.000  |
|   | •  | APR <b>0</b> 9 2019                              |
|   |  | DISTRICT II-ARTESIA O.C.D.                       |
|   |  | DISTRICT II-ANTESIA O.O.D.                       |
| Spud Date:  | Rig Release Date:  |  |
|   |  |  |
| I hereby certify that the information   | shove is two and complete to the host of well and the  | 11 11 6  |
| Thereby certify that the information  | above is true and complete to the best of my knowledg  | e and belief.                                    |
|   |  |  |
| SIGNATURE 277   | TITLE Up Hamin   | DATE 4/8/2019                                    |
| Type or print name  | has F-mail address Chaman  | DATE 4/8/2019<br>Behotmailcortione: 575-703-6602 |
| For State Use Only  | L-man address. Cryofe ()   | UC_FIORMOLICAGIUNE: 015-103-660                  |
| APPROVED BY: Dall   |  | 00   |
| Conditions of Approval (if any):  | - TITLE Complance  | DATE 4-10-19                                     |
|   | •  | •  |