

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NO. <b>30-005-63637</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Vanguard Operating LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>5847 San Felipe St., Suite 3000, Houston, TX 77057</b>		7. Lease Name or Unit Agreement Name <b>Cocktail Bar State Com</b>
4. Well Location Unit Letter <b>E</b> : <b>1980</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>West</b> line Section <b>1</b> Township <b>07S</b> Range <b>24</b> NMPM County <b>Chavez</b>		8. Well Number <b>1</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>GR 4033</b>		9. OGRID Number
10. Pool name or Wildcat <b>Pecos Slope; ABO</b>		10. Pool name or Wildcat <b>Pecos Slope; ABO</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

- 06/11/19 Notified OCD of MI P&A equipment.
- 06/12/19 Set 4 1/2" CIBP @ 3562'. Circ hole w/MLF from 3562'-surf. Spot 25 sx class "c" cmt from 3562'.
- 06/13/19 Tag TOC @ 3299'. Spot 25 sx class "c" cmt from 2980'-2880'. Perf @ 1692', m&p 120 sx class "c" cmt, tag @ 1350', perf @ 1006', m&p 65 sx class "c" cmt.
- 06/14/19 Tag TOC @ 900'. Perf @ 620', m&p 45 sx class "c" cmt, tag @ 518', perf @ 100', circulated hole w/50 sx class "c" cmt on 4 1/2" csg, 8 5/8" to surf. RD P&A equip, tag @ surf, back free location, P&A completed.

Approved for plugging of well bore only.  
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms. www.emnrd.state.nm.us/ocd.

RECEIVED

JUN 19 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date:

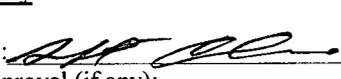
Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Agent DATE 06/17/2019

Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600

**For State Use Only**

APPROVED BY:  TITLE State Mgr DATE 6/19/19  
 Conditions of Approval (if any):