Submit One Copy To Appro	priate District		te of New Me			Fo	rm C-103
District I		Energy, Mir	nerals and Natu	ral Resources	WELL ABOVO	Revised Nove	mber 3, 2011
1625 N. French Dr., Hobbs, District II	NM 88240				WELL API NO. 30-015-21140		
811 S. First St., Artesia, NM	188210		SERVATION		5. Indicate Type	e of Lease	<u></u>
District III 1000 Rio Brazos Rd., Aztec	NM 87410		South St. Fran	1	STATE	FEE	$\boxtimes$
District IV		Sa	nta Fe, NM 87	7505	6. State Oil & C	Gas Lease No.	-1
1220 S. St. Francis Dr., San 87505	a Fe, NM						
	DRY NOTIC	CES AND REPOR	TS ON WELLS		7. Lease Name	or Unit Agreem	ent Name
(DO NOT USE THIS FORM					Howell 29 Com		
DIFFERENT RESERVOIR PROPOSALS.)	. USE "APPLICA	ATION FOR PERMIT	" (FORM C-101) FC	OR SUCH			
1. Type of Well:	Dil Well 🔲 (	Gas Well 🔲 Oth	er <b>R</b>		8. Well Number	r 1G	
2. Name of Operator					9. OGRID Num	ber	
Fasken Oil and Ranch			`ALI (	2 0 8 0040	151416		·
3. Address of Operato		TV 70707	AU	ט אַט ע נ	10. Pool name o		(075(5)
6101 Holiday Hill Roa	.a, Midiana, 1	X /9/0/	UNICOTO ACTO	I ADTRIBEIA A C I'Y	N. Seven Rivers	; Glorieta Yeso	(9/363)
4. Weil Location  Unit Letter G: 1980 feet from the North line and 2310 feet from the Eastline							
Section 29		20S Range 25E		County Eddy	*## × 5 12	And Mary Administration	The same of the sa
of the second		11. Elevation (SF 3452' GL	iow whether DR,	RKB, RT, GR, etc.)	424.	AN DESIGNATION OF	<b>医基础</b>
12. Check Appropr	iate Roy to		of Notice R	enort or Other Da	uta.		100
12. Check Appropr	iate Box to	mulcate ivature	of Notice, K	cport of Office Da	на		
NOTI	CE OF INT	<b>TENTION TO:</b>		SUBS	SEQUENT RE	<b>EPORT OF:</b>	
PERFORM REMEDIA	- WORK □	PLUG AND ABA	<del></del>	REMEDIAL WORK		ALTERING C	ASING 🔲 🛚
TEMPORARILY ABAN		CHANGE PLANS		COMMENCE DRIL		P AND A	
PULL OR ALTER CAS	ING 🗌	MULTIPLE COM	PL 🖸	CASING/CEMENT	JOB 🗆		
OTHER:			Ė	⊠ Location is rea	adv for OCD inc	naction after D	Р А
OTHER:     \( \subseteq \) Location is ready for OCD inspection after P&A     \( \subseteq \) All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.							
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.							
				level has been set in			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR							
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> PERMANENTLY STAMPED ON THE MARKER'S SURFACE.							
PERMANEN	ILYSIAMP	ED ON THE MA	KKER'S SUK	FACE.			•
☐ The location has be	en leveled as	nearly as possible	to original grou	nd contour and has b	een cleared of all	Liunk trash flo	w lines and
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.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.							
Anchors, dead mer	, tie downs ar	nd risers have beer	cut off at least	two feet below groun	d 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 closure plan. All flow lines, production equipment and junk have been removed							
from lease and well location. The shape been removed. Portable bases have been removed. (Poured onsite concrete bases do not have							
to be removed.) Burged Power Lines With Removed  ■ All other environmental concerns have been addressed as per OCD rules.							
Pipelines and flow	lines have bee	en abandoned in a	ccordance with 1	9.15.35.10 NMAC.	All fluids have b	een removed fro	om non-
retrieved flow lines and	pipelines. B.	uned Plas	tic Line	· Not Rom	· aired	•	
☑ If this is a one-well	lease or last r	remaining well on	lease: all electri	cal service poles and	lines have been	removed from le	ease and well
retrieved flow lines and  If this is a one-well location, except for utili	ty's distributi	on infrastructure.	LOCATION	5151 Not	1emove	7	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.							
A 24	1-1	0.1.				-1	
SIGNATURE A	<u>~ (au</u>		TITLE <u>I</u>	Regulatory Analyst		DATE <u>8/6</u> /	19
TYPE OR PRINT NAM	1E Addison C	uelker	E-MAII · ·	ddisang@farl.com	DHONE: 4	37_687 1777	
For State Use Only	ie <u>Augisofi G</u>	UCINCI	D-MAIL: <u>a</u>	ddisong@forl.com_			
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APPROVED BY:	DENI	CU	TITLE	DENIE	IJ	date_ <i>8/</i> /	3/19
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