Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised August F, 2011.		
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.		
District II - (575) 748-1283	OIL CONSERVATION DIVISION		30-015-46296		
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE 🖂	5. Indicate Type of Lease  STATE ☐ FEE ☐	
District.IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
SUNDRY NO	TICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUC	G BACK TO A	7. Lease Name or Uni	t Agreement Name	
PROPOSALS.)	LICATION FOR PERMIT" (FORM C-101) FOR	RSUCH	Sapphire 11/12 B3DC 8. Well Number	State Com 002H	
Type of Well: Oil Well     Name of Operator	Gas Well U Other		9. OGRID Number	9. OGRID Number 14744	
Mewbourne Oil Company 3. Address of Operator PO Box 5270, Hobbs, NM 8824	0		10. Pool name or Wild Turkey track; Bone Sp		
4. Well Location	1445		1 260	6 . 6 . 1	
Unit LetterE	1465 feet from the	North	line and360	feet from the	
Section 11	Township 19S	Range	29E NMPM	County Eddy	
	11. Elevation (Show whether DR, 13365 GL	RKB, RT, GR, e	tc.)		
12 Check	Appropriate Box to Indicate Na	ture of Notic	e Report or Other Dat	2	
			•		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK DATERING CA				₹TOF: ERING CASING □	
TEMPORARILY ABANDON			ND A		
PULL OR ALTER CASING	i1	INT JOB			
DOWNHOLE COMMINGLE					
OTHER:		OTHER:	6/10		
of starting any proposed of proposed completion or re	ike to change the proposed setting dept	For Multiple C	Completions: Attach wellbo	ore diagram of	
		A:	IM OIL CONSERVATION		
			ARTESIA DISTRICT		
			OCT <b>09 2019</b>		
			RECEIVED		
Spud Date:	Rig Release Date		Ì		
Spud Date.	Rig Reicase Date				
Lhereby certify that the information	n above is true and complete to the bes	t of my knowle	dge and helief		
Thereby certify that the informatio	in above is true and complete to the bes	t of my knowled	ago ana ocnor.		
SIGNATURE June 6	TITLE En	gineer	DATE	10-8-2019	
Type or print name Jake	Maxey E-mail address:	jmakey	2 masbarne so PHONE	575-263-467	
For State Use Only  APPROVED Staned By	TITLE ADI		DATE	10/10/19 V	
Conditions of Approval (if any):	A /	5 2 2/20	, DATE	tt	
1" Tie	BALL Mast be MI	n jou			