Single   1,575,575,4616		State of New Mexico		Form C-103
District   -(375) 744-1283   District   -(375) 344-128		Energy, Minerals and Natural Reso	urces	
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SYSOS  SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DEFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" FORMIC-161) FOR SUCI  1. Type of Well: Oil Well		Santa Fe, NM 8/505		6. State Oil & Gas Lease No.
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1. Type of Well: Oil Well   Gas Well   Other SWD   8. Well Number 1   2. Name of Operator   9. OGRID Number 277558	DIFFERENT RESERVOIR. USE "APPL"			Choate Davis 14 State
2. Name of Operator Lime Rook Resources II-A, L.P. 3. Address of Operator 1111 Bagby Street, Suite 4600, Houston, Texas 77002 4. Well Location Unit Letter J. 2310 feet from the South line and L650 feet from the East line Section 14 Township 18S Range 27E NMPM County Eddy  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON SHOP PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A LITERING CASING COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB COSSIED COOPSYSTEM OTHER.  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.  MIT Test performed on December 10, 2019  Title Production Superintendent DATE 12/16/19  Type or print name Michael Barrett E-mail address: mbarrett@limerockresources.com PHONE: 575-365-9724  TITLE Compliance Allow DATE 12-19-19	,	Gas Well 🕅 Other SWD		
Lime Rock Resources II-A, L.P.  3. Address of Operator  HIT Bagby Street, Suite 4600, Houston, Texas 77002  4. Well Location  Unit Letter J : 2310 feet from the South line and 1650 feet from the Section 14 Township 18S Range 27E NMPM County Eddy  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3512  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   COMMENCE DRILLING OFNS   PAND A CASING COMMENCE DRILLING OFNS   PAND A CASING CEMENT JOB   COMMENCE DRILLING OFNS   PAND A CASING CEMENT JOB   OTHER:  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.  MIT Test performed on December 10, 2019  Spud Date: Rig Release Date:  Title Production Superintendent DATE 12/16/19  Type or print name Michael Barrett E-mail address: mbarrett@limerockresources.com PHONE: 575-365-9724  For State Use Only  APPROVED BY: DATE: 12-19-19		das wen		9 OGRID Number 277558
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## State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez Governor Ken McQueen Heather Riley, Division Director Cabinet Secretary Oil Conservation Division **Matthias Sayer** Deputy Cabinet Secretary A Mechanical Integrity Test (M.I.T.) was performed on, Well Choo →M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached Original C-103 Form indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnline.htm 7 to 10 days after postdating. M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test. M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline. M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). Only after receipt of the C-103 will the noncompliance be closed. M.I.T.is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume. Please contact Dan Smoll K for verification to ensure documentation requirements are in place prior to injection process. If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext. 103.

> 1220 South St. Francis Drive • Santa Fe, New Mexico 87505 Phone (505) 476-3460 • Fax (505) 476-3462 • www.emnrd.state.nm.us/ocd

Thank You,

EMNRD-O.C.D.

District II - Artesia, NM

Dan Smolik, Compliance Officer

