Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> = (\$75) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> — (575) 748-1283		WELL API NO. 30-15-06194
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III (505) 334-6178</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> ~ (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		B1-635
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Leonard
PROPOSALS.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Type of Well: Oil Well 2. Name of Operator	Gas Well M Other Salt Donne Storage	9. OGRID Number
	elo dSF LTD	<i>y.</i> 33/13/
3. Address of Operator	, s	10. Pool name or Wildcat
123101	1 Arwella RI Alela, Tx. 76008	
4. Well Location	11	
		560 feet from the west line
Section 175	Township $Z \mathcal{P} \mathcal{L}$ Range	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
		•
NOTICE OF IN		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	_ :
DOWNHOLE COMMINGLE	MOTH TO COME	. 002
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	
	leted operations. (Clearly state all pertinent details, an	
proposed completion or rec	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Completion	mpletions: Affach wellbore diagram of
proposed completion of rec	sleturi of:	
Camp		•
	I coal tubery unt	
Rigisal of coal taking unit pulled 11: withing unit Rigged down wil taking unit Returned to wormal operation DEC 0 7 2015		
pulled	I tuber quant	ARTESIA DISTRICT
Region	2 low	DEC 07 2015
Returnel	te worman operation	
		RECEIVED
Spud Date: 1//9/15	Rig Release Date: ///9//	_
7/1/3	Rig Release Bute.	
I hereby certify that the information	above is true and complete to the best of my knowledge	e and belief.
\circ	, , ,	
SIGNATURE My Da Kinni	an TITLE TERMINA! MANAG	DATE 1/0/-
	an THE ISEMENA WANTE	DATE 11/9/15
Type or print name Myeon Ki	A	/ /
For State Use Only	NMAN E-mail address:	PHONE: 575-677-233
For State Osc Only	E-mail address:	PHONE: <u>575-677-23</u> 3
TY / YA	E-mail address: Death Supplies	1.66
APPROVED BY: Conditions of Approval (if any):	E-mail address: L TITLE LIE ESSENCE	PHONE: 575-677-233 DATE 4/2/5