

NM OIL CONSERVATION
ARTESIA DISTRICT

FEB 28 2019

Form C-103

Revised November 3, 2011

Submit One Copy To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

RECEIVED	
WELL API NO.	30-005-60427
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name White Plains	
8. Well Number 1	
9. OGRID Number 372241	
10. Pool name or Wildcat Chisum, San Andres, East	

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Quatro Osos E&P, LLC

3. Address of Operator
P.O. Box 1213; Roswell, NM 88202-1213

4. Well Location
Unit Letter **C** : **330** feet from the **N** line and **2310** feet from the **W** line
Section _____ Township _____ Range _____ NMPM _____ County _____

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,664 GR

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A</p>	
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- 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.
- A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.

- 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. *Buried Power Line Not Removed*
- Anchors, dead men, tie downs and risers have been cut off at least two feet below ground 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. *Power Lines/Poles Not Removed*
- All metal bolts and other materials have been removed. Portable bascs have been removed. (Poured onsite concrete bascs do not have to be removed.) *Hard Pan/Concrete Not Removed - Trash on bc + in Pasture*
- All other environmental concerns have been addressed as per OCD rules. *Not Removed*
- Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. *Old Equipment Not Removed*
- If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure. **Electrical remains in place. Offset operator may take over.**

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE *Rory McMinn* TITLE Managing Member DATE 28 February 2019

TYPE OR PRINT NAME Rory McMinn E-MAIL: rory@rmcminn.com PHONE: 575/626-7100

For State Use Only

APPROVED BY: **DENIED** TITLE **DENIED** DATE *GC 3/8/19*