

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**RECEIVED**  
**RECEIVED**  
**JUN 20 2019**  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**DISTRICT II-ARTESIA O.G.D.**  
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Form C-103  
 Revised July 18, 2013

WELL API NO. <b>30-005-63114</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>VB-0110</b>
7. Lease Name or Unit Agreement Name <b>Celtic State</b>
8. Well Number <b>5</b>
9. OGRID Number <b>372241</b>
10. Pool name or Wildcat <b>SE Acme, San Andres</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3,941</b>

**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** : **990** feet from the **N** line and **990** feet from the **W** line  
 Section **13** Township **8S** Range **27E** NMPM **Chaves** County **NM**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <b>Abort TA status, return to production</b> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

**Well was placed in TA status January 20, 2006.**

**We released the packer and pulled tubing to determine equipment condition. Replaced 15 joints of 2-3/8" tubing. Ran rod pump and rods. Shut well in for filing of C-103 & to get new flowline and new electrical installed.**

**Operator is requesting approval to place well back into production status effective June 28, 2019.**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE **Managing Member** DATE **6-20-2019**

Type or print name \_\_\_\_\_ E-mail address: **rory@rmcminn.com** PHONE: **575/626-7100**  
**For State Use Only**

APPROVED BY:  TITLE **Staff** DATE **6/25/19**  
 Conditions of Approval (if any): \_\_\_\_\_