

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 87100
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

FEB 18 2020 CONSERVATION DIVISION

EMNRD-OCDARTESIA

1220 South St. Francis Dr.
ARTESIA, NM 87505

WELL API NO. 30-015-46298
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. E0-5073-0007
7. Lease Name or Unit Agreement Name LADY FRANKLIN 25 STATE
8. Well Number 121H
9. OGRID Number 371449
10. Pool name or Wildcat WINCHESTER; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3358' GL

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 [X] Gas Well [] Other []
2. Name of Operator COLGATE OPERATING, LLC
3. Address of Operator 306 W. WALL ST., SUITE 500, MIDLAND TX 79701
4. Well Location Unit Letter: D Section 25 1000 feet from the NORTH line and 265 feet from the WEST line Township 19 S Range 28 E NMPM EDDY County

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS [X]
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS [] P AND 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.

Based on experience of operator in adjacent Section 26, will set surface casing at 325' instead of originally planned 950'.

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 [Signature] TITLE CONSULTANT DATE 2-19-20
Type or print name BRIAN WOOD E-mail address: brian@permitswest.com PHONE: 505 466-8120
For State Use Only

APPROVED BY: [Signature] TITLE Geologist DATE 2-20-20
Conditions of Approval (if any):

Setting Surf @ 325 will protect GWS.
Drill SAIT section set C95 @ TOP DLW.