Submit I Copy To Appre	opriate District		State of Ma		-			Earna C	107
Office <u>District [</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410		State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505					Form C-103 Revised July 18, 2013 WELL API NO. 30-025-41856 5. Indicate Type of Lease STATE STATE FEE		
						WELLA			
						5. Indic			
<u>District IV</u> – (505) 476-3 1220 S. St. Francis Dr., 5 87505			Santa Fe, N	101 87303)	6. State	Oil & Gas Leas	e No.	
S (DO NOT USE THIS FC		SALS TO DRILL O	OR TO DEEPEN	OR PLUG B		7. Lease	Name or Unit	Agreement Nai	ne
PROPOSALS.)		Gas Well Other OCD - HOBBS					Loco Dinero 36 State Com 8. Well Number 2H		
2. Name of Operator $08/25/20$					/2016	1	ID Number		
Marshall & Winston, Inc. Address of Operator RECEIVE					IVED	14187			
3. Address of Open P. O. Box 50880	ator	79710-0880	KECELLE			10. Poo	10. Pool name or Wildcat WC-025 G-09 S2133351; Wolfcamp		
4. Well Location						l		-	
Unit Letter	· A :	330 feet	from the	North	line and	660	feet from the	East	line
Section	36		vnship 21S		 33e	NMPM		nty Lea	
A STATE OF THE STATE OF THE STATE	and the state of the		(Show wheth				States and States	Children and Children	aller.
				44' GR			100		The second
proposed co 08/19/16 Dri 08/21/16 TE 6/1	MINGLE	ork). SEE RUL completion. 07'. Svy 15307 56 jts 5 ½'' 20# os Kolseal + ¼	E 19.15.7.14 E 19.15.7.14 Inc 89 Azm P110 csg. Set pps CF. Tail v	OT ate all pertin NMAC. Fo 178.7. t @ 15307'	or Multiple C	Rig Releas and give pert Completions: ad 1500 sx 4	inent dates, incl Attach wellbor /10% C-19 + 3/3	e diagram of 10% O-TX20 +	÷
	D 15307'. PBTD aiting on comple				RD top drive	e. RD & rel a	all services. Rel	ease rig @ 7:3	0 PN
NC	DTE: Revised I	Revise	al 330' FSL & d 330' FSL & ed plat is attac	& 557' FEL					
Spud Date:	07/09/16		Rig Rele	ease Date:	08	/22/16			
	/	7							
I hereby certify that	the information :	above is true at	nd complete to	o the best o	f my knowle	dge and beli	əf.		6
SIGNATURE_//	11~	-	TITLE_	<u>Operat</u>	tions Man	ager	DATE	08/24/16	
Type or print name <u>'</u> For State Use Only		re	E-mail a	_			<u>com</u> PHONE:	432-684-6	<u>373</u>
	124	re zuk	E-mail : TITLE	_	oassmore@ um Enginee			<u>432-684-6</u> 08/29/2016	5 <u>37:</u>