State of New Mexico Office State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	Revised July 18, 2013 WELL API NO. 20 025 42002
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-43682
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	5. Indicate Type of Lease STATE X FEE
<u>District IV</u> – (505) 476-3460 Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	V0-9191-02
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	7. Lease Name or Unit Agreement Name Say My Name State
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number 6H
Name of Operator Steward Energy II, LLC	9. OGRID Number 371682
3. Address of Operator	10. Pool name or Wildcat
2600 North Dallas Parkway, Suite 400, Frisco, Texas 75034	BRONCO; SAN ANDRES, SOUTH
4. Well Location Unit Letter M: 225 feet from the SOUTH line and	380feet from theWESTline
Section 09 Township 14 S Range 38 E	NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3791'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEI	NT JOB
CLOSED-LOOP SYSTEM	
OTHER: Temp Shut-In	
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.	
Temporary Shut-In on due to severe reduction in the price of oil (19.2.100.71 N.M.A.C.)	
Spud Date: Rig Release Date:	
Spud Date. Rig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowled	lge and belief.
A A A A A A A A A A A A A A A A A A A	
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE  TITLE  Land Manager	lge and belief.
SIGNATURE TITLE Land Manager	DATE 05/11/2020
A A A A A A A A A A A A A A A A A A A	DATE 05/11/2020
SIGNATURE  TITLE Land Manager  Type or print name M. Taylor Warren, II  E-mail address: taylor.warren@ste	DATE 05/11/2020