| Submit I Copy To Appropriate District Office | State of New M | ex1co | | Form C-103 |
|---|--|--|---|-----------------------|
| District I – (575) 393-6161 | Energy, Minerals and Nat | ural Resources | | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-041-20977 | |
| District III - (505) 334-6178 | 1220 South St. Francis Dr. | | Indicate Type of L | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | STATE FEE 6. State Oil & Gas Lease No. | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Sana i V, i vivi V | 1 | State Off & Gas Le | ase No. |
| 87505 | | 303 | | |
| I . | TICES AND REPORTS ON WELLS | | | it Agreement Name |
| | OSALS TO DRILL OR TO DEEPEN OR PL | | nifer Chaveroo SA | . Unit |
| PROPOSALS.) | Gas Well Other OCD - HOBBS | | O WILLIAM ACCUSE | |
| 1. Type of Well: Oil Well | Gas Well Other | -HOD 8. | Well Number 251 | H |
| 2. Name of Operator | Gas Well Other OCD - ROO OS 13 2020 OS VED | | 9. OGRID Number | |
| Ridgeway Arizona Oil Corp | 05 13 2020 RECEIVED | | 164557 | |
| 3. Address of Operator | RECT | | 10. Pool name or Wildcat | |
| 575 N. Dairy Ashford Road, EC II Suite 210, Houston, TX 77079 San Andres | | | | |
| 4. Well Location | | | | |
| Unit Letter M | : 38 feet from the SOUT | <u>H</u> line and <u>258</u> | feet from th | ne <u>WEST</u> line |
| Section 25 | Township 7S | Range 33E | NMPM RO | OOSEVELT County |
| | 11. Elevation (Show whether DE | | | |
| 4327' GL | | | | |
| | | | | |
| 12. Check | Appropriate Box to Indicate N | lature of Notice, Rep | ort or Other Dat | ta |
| 12. Chook appropriate Bon to material transfer of the Suite Butter | | | | |
| NOTICE OF I | NTENTION TO: | SUBSEC | QUENT REPO | |
| PERFORM REMEDIAL WORK | RFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A | | | | ND A |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT JO | В | |
| DOWNHOLE COMMINGLE | | | | |
| CLOSED-LOOP SYSTEM | | 071177 | 01447111 | F23 |
| OTHER: | | OTHER: | SHUT-IN | -1-1: |
| 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. | | | | |
| proposed completion of re | completion. | | | |
| | | | | |
| Production from the subject well w | as shut-in as of April 21, 2020. | | | |
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| | -71.7 | J | | |
| | TCORD ONL | 1 | | |
| | FOR RECOmbrit AC | O | | |
| ACCEPTED FOR RECORD ONLY To apply for SI Status, submit ACO | | | | |
| To apply to 101 | | | | |
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| F | | | | |
| Spud Date: | Rig Release D | ate: | | |
| Space Date. | Ing release D | | | |
| | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| I hereby serenty that the information above is true and complete to the best of my knowledge and benefit. | | | | |
| 1111 | \cap | | | |
| SIGNATURE () | TITLE | Land & Regulatory Mgr | DATE | 5/13/2020 |
| Wall of the state | 11100 | The state of the s | | |
| Type or print name William B | oyd E-mail address: w | boyd@pedevco.com | PHONE: (| 713) 574-7912 |
| For State Use Only | | | - | |
| | | | | |
| | | | | |
| APPROVED BY: Conditions of Approval (if any): | TITLE | | DATE_ | |