

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

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-041-20970
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 324936
7. Lease Name or Unit Agreement Name Brown Eyed Girl 5
8. Well Number 002 H
9. OGRID Number 164557
10. Pool name or Wildcat San Andres

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 Ridgeway Arizona Oil Corp	
3. Address of Operator 575 N. Dairy Ashford Road, EC II Suite 210, Houston, TX 77057	
4. Well Location Unit Letter <u>J</u> : <u>2400</u> feet from the <u>SOUTH</u> line and <u>2280</u> feet from the <u>EAST</u> line Section <u>05</u> Township <u>07S</u> Range <u>34E</u> NMPM ROOSEVELT County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4328' GL	

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: RETURN TO PRODUCTION ☒	

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.

Production from the subject well was successfully restored as of June 8, 2020.

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 William Boyd TITLE Land & Regulatory Manager DATE 6/30/2020

Type or print name William Boyd E-mail address: wboyd@pedevco.com PHONE: (713) 574-7912

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):