

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

Rec'd 6/24/2020 - NMOCD

Form C-103
Revised July 18, 2013

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

WELL API NO. <u>30-025-34725</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>Rancho Verde 10 State</u>
8. Well Number <u>2</u>
9. OGRID Number <u>015749</u>
10. Pool name or Wildcat <u>Anderson Ranch-Wolfcamp</u>

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

Grand Banks Energy Co

3. Address of Operator

10 Desto Dr., Ste 300 E, Midland, TX 79705

4. Well Location

Unit Letter E : 2230 feet from the North line and 930 feet from the West line
Section 10 Township 16S Range 32E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4330' RKB

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 ☐
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: 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.

This was an inactive well which we opened back up and it began flowing approx. 2 BOPD. No work was done and the completion is still the original zone.

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 Denise Jones TITLE Regulatory Analyst DATE 6/24/2020
Type or print name Denise Jones E-mail address: djones@cambridgennm.com PHONE: 432-620-9181
For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 07/13/2020
Conditions of Approval (if any): _____