

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

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

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-025-25211
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Rice Operating Company		6. State Oil & Gas Lease No.
3. Address of Operator 112 West Taylor, Hobbs, NM 88240		7. Lease Name or Unit Agreement Name Blinebry Drinkard SWD
4. Well Location Unit Letter A : 817 feet from the North line and 965 feet from the East line Section 22 Township 22S Range 37E NMPM County Lea		8. Well Number A-22
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3525' GL		9. OGRID Number
		10. Pool name or Wildcat SWD, San Andres

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT with Chart <input checked="" type="checkbox"/>	

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.

MIT performed 9/2/2020

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

Israel Juarez

TITLE Foreman

DATE 9/21/2020

Type or print name Israel Juarez

E-mail address: ijuarez@riceswd.com

PHONE: 575-393-9174

For State Use Only

APPROVED BY:

Kenny Fort

TITLE C O A

DATE 9-25-20

Conditions of Approval (if any):

HOBBS OCD

SEP 25 2020

RECEIVED

MIDNIGHT

NOON

6 PM

Circle of Fifths Chart
Ride
B-03-01-A-22
CAL 7-18-10
B-03-01-A-22
DATE 9-1-20
BR 2221

Handwritten signature and initials in red ink.