0.1 1.10 T. 1	Received NMOCD 10/15/20
Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural 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	30-025-42744
District III - (505) 334-6178 1220 South St. Francis Dr	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
District IV – (505) 476-3460 Santa Fe, INIVI 8 / 3U3 1220 S. St. Francis Dr., Santa Fe, NM	o. State Off & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	PRIZEHOG BWZ STATE COM
1. Type of Well: Oil Well Gas Well Other	8. Well Number 001H
2. Name of Operator	9. OGRID Number 373281
IMPETRO OPERATING, LLC	
3. Address of Operator	10. Pool name or Wildcat
1600 WEST 7 TH ST. SUITE 400 FORT WORTH, TX 76102	WC-025 G-09 S263619C; WOLFCAMP
4. Well Location	
Unit Letter_C:_330 feet from theNORTH line and _1650	feet from the _WESTline
Section 19 Township 26S Range 36E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, et	
2958'	
12. Check Appropriate Box to Indicate Nature of Notice	Report or Other Data
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	
	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	_
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple C proposed completion or recompletion.	ompletions: Attach wellbore diagram of
proposed completion of recompletion.	
On Monday, August 17th, 2020 Impetro Operating, LLC remediated the condensate spray	by tilling and aerating the affected area and an
additional 3 feet extension beyond the affected area. Also treated affected area and an add	
area with a biodegradable hydrocarbon mitigation chemical.	•
08/11/2015	
Spud Date: 09/01/2015 Rig Release Date: 08/11/2017	7
Spud Date: 09/01/2015 Rig Release Date: 08/11/2017	
Spud Date: 09/01/2015 Rig Release Date: 08/11/2017	7
Spud Date: 09/01/2015 Rig Release Date: 08/11/2017 Thereby certify that the information above is true and complete to the best of my knowledge.	
Spud Date: Rig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
Spud Date: Rig Release Date.	ge and belief.
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE TITLE Sr. Regulatory Consultant	ge and belief. t DATE <u>08/20/2020</u>
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE TITLE Sr. Regulatory Consultant Type or print name Karen Jornes E-mail address: kzornes@ntglobal.com	ge and belief.
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE TITLE Sr. Regulatory Consultar Type or print name Karen Zornes E-mail address: kzornes@ntglobal.com Proc State Use Only	ge and belief. t DATE <u>08/20/2020</u>
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE TITLE Sr. Regulatory Consultant Type or print name Karen Jornes E-mail address: kzornes@ntglobal.com	ge and belief. t DATE <u>08/20/2020</u>