Rec'd 9/18/2020 - NMOCD

| Submit 1 Copy To Appropriate District Office | State of New Me Energy, Minerals and Natu | | Form C-103 Revised July 18, 2013 | |
|--|--|--------------------|--|--|
| <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | | | WELL API NO. 30-025-20378 | |
| 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 | OIL CONSERVATION | | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Fran Santa Fe, NM 8 | | STATE FEE 6. State Oil & Gas Lease No. | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Suitu i c, i i i i | , 303 | 6. State Off & Gas Lease No. | |
| 87505 SUNDRY NOT | TICES AND REPORTS ON WELLS | } | 7. Lease Name or Unit Agreement Name | |
| | OSALS TO DRILL OR TO DEEPEN OR PL ICATION FOR PERMIT" (FORM C-101) FO | | Lea 403 | |
| PROPOSALS.) | PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | | 8. Well Number 04 | |
| 2. Name of Operator BXF | | | 9. OGRID Number 329487 | |
| 3. Address of Operator 11757 Katy Freeway, Houston, TX 77079 | | | 10. Pool name or Wildcat Vacuum Abo Reef | |
| 4. Well Location | 1 1005 1011 1 1 | K 1101. | vacaum 1400 neg | |
| Unit Letter D: 510 feet from the W line and 510 feet from the N line | | | | |
| Section Township 85 Range 35E NMPM County Lea | | | | |
| 3948 GR | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | |
| Section 17 Township 185 Range 35E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A COMMENCE COMMINGLE C | | | | |
| DOWNHOLE COMMINGLE | | O, IOII TO/OLINEIT | | |
| CLOSED-LOOP SYSTEM OTHER: | | OTHER: Plus | added perfs | |
| 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 | | | | |
| | | | | |
| | | | | |
| RU WIL, LOJ# Personate 25Pf 8650_9670. | | | | |
| acidize of 4000 gallons 2010 gelled acid. Swab Load back. | | | | |
| | | | | |
| 18H w/ Pkr. Returned well to Production. | | | | |
| 24 hrs. test: 12BO, 48BW, 0 MCF. 9/14/2020 | | | | |
| 010.4 | n: n.l n | | | |
| Spud Date: | Rig Release Da | te: | | |
| | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| SIGNATURE DESCRIPTION TITLE Production Manage DATE 9/18/2020 Type or print name M.S. Mcrchant E-mail address: Mgmerch pennocil topHone: (\$75) 492-1236 APPROVED BY: Yes TITLE Compliance Officer A DATE 3/9/21 Conditions of Approval (if any) | | | | |
| Type or print name M. G. Mcrchant E-mail address: mgmerchapennocil-topHone: (575) 492-1836 | | | | |
| APPROVED BY: Years 1/9/21 | | | | |
| Conditions of Approval (if any) | | | | |