Submit 1 Copy To Appropriate District Office	State of New Me	xico	Form C-10	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natur	ral Resources	Revised August 1, 20	)11
1625 N French Dr., Hobbs, NM 88240  District II = (575) 748-1283		V 3	VELL API NO. 0-025-26317	
District II = (575) 748-1283 811 S First St, Artesia, NM 88210 HOBBS OFIL CONSERVATION DIVISION District III = (505) 334-6178 1220 South St, Francis Dr.		DIVISION $\frac{3}{5}$	. Indicate Type of Lease	
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 MAR  87505  1220 South St. Francis Dr. Santa Fe, NM 87505		CIS DI.	STATE x☐ FEE ☐	<u></u>
		-	. State Oil & Gas Lease No. WD Permit.	
SUNDRY NOTICE	SEAND) 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)			tate E Tract 27	
1. Type of Well: Oil Well Gas Well Other x SWD		- 8	. Well Number # 1	
2. Name of Operator			. OGRID Number 00873	
Rice Operating Company  3. Address of Operator		1	0. Pool name or Wildcat	$\dashv$
112 West Taylor, Hobbs NM 88240			an Andres SWD	
4. Well Location		l' 1 1000	S 16 11 W 11	
Unit LetterN430	feet from theS		—	
Section 18	Township 21S  1. Elevation (Show whether DR,	Range 37E	NMPM Lea County	
	3526' ASL	TKD, KI, OK, etc.)	1.4. The second	
12. Check App	propriate Box to Indicate Na	ature of Notice, Re	port or Other Data	
NOTICE OF INTE	ENTION TO:	SUBSE	QUENT REPORT OF:	
PERFORM REMEDIAL WORK x PLUG AND ABANDON ☐ REMEDIAL WORK			☐ ALTERING CASING [	
TEMPORARILY ABANDON				コ
	MULTIPLE COMPL	CASING/CEMENT J	ОВ 🗌	
DOWNHOLE COMMINGLE				
OTHER: x		OTHER:	Г	
	. SEE RULE 19.15.7.14 NMAC		ve pertinent dates, including estimated of etions: Attach wellbore diagram of	late
	•			
This well failed a MIT. Will pull tubing	g and packer to inspect. Also into	end to pressure test car	sing above permitted injection interval.	
				-
,				
	t			
	<del></del>			
Spud Date:	Rig Release Da	te:		
I hereby certify that the information abo	ve is true and complete to the be	st of my knowledge ar	nd belief.	
SIGNATURE Ufalunt	Wroce TTLE	Engr Mgr	DATE3/4/12	
Type or print name Marvin Burrows	E-mail address	: mburrows@riceswd	.com PHONE: 575-393-9174	
For State Use Only				_
A PROVED BY	TITLE ST	Aff MG	D num 3-5 201	/ <b>-&gt;</b>
APPROVED BY: Conditions of Approval (if any):	THE T	<u></u>	DA 15 3 -201	_
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			MAR U 5 2012	
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