Submit 1 Copy To Appropriate District SCO State of New Mexico Office	Form <b>C</b> -103  Revised August 1, 2011
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 MAR 1 2 20 Km CONSERVATION DIVISION	30-025-40451
<u>Distilit II (303) 334-0176                                    </u>	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 RECEIVED Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 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	Lennox Unit "32" State
PROPOSALS.)	8. Well Number 2H
1. Type of Well: Oil Well Gas Well Other  2. Name of Operator	9. OGRID Number
Caza Operating, LLC.	249099
3. Address of Operator 200 North Loraine, Suite 1550	10. Pool name or Wildcat
Midland, Texas 79701 4. Well Location	Rock Lake-Bone Spring
Unit Letter "A" : 330 feet from the North line and 660 feet from the East Ine	
Section 32 Township 22 S Range 35 E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3525' GR	
3323 GR	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT DOWNHOLE COMMINGLE	JOB 🔲
DOTALIOLE GOLIMINACE	
OTHER:  OTHER:  OTHER:  OTHER:  OTHER:	give pertinent dates including estimated date
OTHER:  13. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion.	l give pertinent dates, including estimated date inpletions: Attach wellbore diagram of
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