Submit I 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 State of New Mexico ONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-103 Revised August 1, 2011 WELL API NO. 30-025-12067-0000  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No.
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.)  1. Type of Well: Oil Well  Gas Well  Other Injection  2. Name of Operator	7. Lease Name or Unit Agreement Name  W H Rhodes B Federal NCT 1  8. Well Number 001  9. OGRID Number
PPC Operating Company LLC	288774  10. Pool name or Wildcat
3. Address of Operator	
1500 Industrial Blvd, Ste 102; Abilene, TX 79602	Rhodes; Yates-Seven Rivers
Unit Letter G: 1650 feet from the North line and 1650 feet from the East line Section 27 Township 265 Range 37E 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 COMMENCE DRIVED TEMPORARILY ABANDON MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE	LLING OPNS. P AND A
OTHER: OTHER: MIT TO	est Report
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. Well was pressure tested (MIT) 04/05/2013. Report emailed 4/16/13 - failed to include C-103.	
Spud Date: 03/04/1943 Rig Release Date: 03/30/194	43
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Amalaury TITLE Office Administrator	DATE_04/30/2013
Type or print name Jana Spraberry  E-mail address: jspraberry@plantationpetro.com  PHONE: 325-267-6046	
For state Use Only	PHONE: 325-267-6046  DATES-6-2013

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