Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resource	es Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-035-11199 -
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe. NM 87505c OCD	6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 875055 OCD	o. State Off & Gas Lease No.
87505	2 30	090901
SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	ATION FOR FERMIT (FORM C-101) TOR SOCIE	ED Corrand Myers.
	Gas Well Other Tujection Cas Well	8. Well Number # 005
2. Name of Operator		9. OGRID Number
Smit	h + MARIS THC.	9. OGRID Nulliber 20989
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 863	Keimit Tx 79745	KIKAM SILDNAJ-0467E
4. Well Location		3
Unit Letter F :	1980 feet from the U line an	d 1980 feet from the W line
Section 3.3	Township 345 Range 37	
	11. Elevation (Show whether DR, RKB, RT, Gr	
	Tr. Bievarion (bnow whether bk, rath, kr, or	
Enter the state of	Y	135° 23.11
12 Charle	Ammanuista Day to Indicate Nature of Na	stice Depart on Other Date
12. Check A	Appropriate Box to Indicate Nature of No	once, Report or Other Data
NOTICE OF IN	TENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL	<u> </u>
TEMPORARILY ABANDON		E DRILLING OPNS. P AND A
PULL OR ALTER CASING	=	EMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	☐ OTHER: <b>/</b>	NIT Testing D
		ils, 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 rec		
	, , , , , ,	
MITT TESTING	At SOOH - PASS	
•		
(6-27-14)		
(0°0 1°14)		
Spud Date:	Rig Release Date:	
·		
I hereby certify that the information	above is true and complete to the best of my known	wledge and belief.
		g
		(40 1)
SIGNATURE manda	~ TITLE Droduction	Clerk DATE 8-20-14
	,	
Type or print name Amanda	[Aylor E-mail address: Enylorti	Aylor 16 @ Aci. PHONE: 432-586-3076
For State Use Only	,	COM
Rian	81 11 100	2/11.
APPROVED BY:	MARCORD ON	DATE 9/6/2014  SEP 1 2 2014
Conditions of Approval (if any):	- OR RECORD OF	VLI
		SFP 1 9 2014 / 1
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