Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resource	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II – (575) 748-1283	OIL CONSERVATION DIVISION	J 30-025-42391
011 5.1 list bu, racesia, 1444 00210		5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOTICE	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	LS AND REFORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
	TION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	(,,	Engage M Chate
1. Type of Well: Oil Well X Ga	s Well 🔲 Other	Encore M State
		8. Well Number 16
2. Name of Operator		9. OGRID Number
Breitburn Operating LP		370080
3. Address of Operator		10. Pool name or Wildcat: Blinebry Gas &
600 Travis Houston, Texas 77002-3	026	Oil (Oil), Drinkard, Wantz; Abo
4. Well Location		
	rom the <b>North</b> line and <b>1800</b> feet from the <b>Eas</b>	t line
		<del>-</del>
Section 29		TE NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, G	K, etc.)
	3362' GR	
12. Check Ap	opropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INTENTION TO:		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING	MULTIPLE COMPL   CASING/CE	EMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		•
OTHER:	☐ OTHER: \$	Spud Well
		ils, and give pertinent dates, including estimated date
	c). SEE RULE 19.15.7.14 NMAC. For Multip	ole Completions: Attach wellbore diagram of
proposed completion or recor		IAANA AAA
HOBBS OCD		40BB2OCh
04/03/2015 Spudded well at 04:30		
APR 1 3 2015		
	<b>5</b>	
		RECEIVED
Spud Date: 04/03/2015	Rig Release Date:	
Space Sate.		
		•
I haraby cartify that the information of	pove is true and complete to the best of my kno	wlades and balisf
Thereby certify that the information at	sove is true and complete to the best of my kno	wiedge and benef.
•		
SIGNATURE Electronically Signature	gned TITLE: <u>Regulatory Manager</u> I	DATE: 04/00/2015
SIGNATURE Electronically Sig	Regulatory Manager	DATE. <u>04/09/2015</u>
Type or print name Jeanie McMilla	r -1-11'''''''- 61 '	tburn.com PHONE: 713-819-634-4936
For State Use Only	n E-mail address, leanie memilian@brei	SUSSESSED A AAUATH, LAU UAZ UUT TZUU
1 1		
	E-mail address: <u>jeanie.mcmillan@brei</u>	
APPROVED BY:	то-	are leader
APPROVED BY: Conditions of Approval (if any):	TITLE Petroleum Engi	are leader
APPROVED BY: Conditions of Approval (if any):	то-	