Submit 1 Copy Office	To Appropriate District	State of New Mexico			Form C-103			
	rict 1 – (575) 393-6161 Energy, Minerals and Natural Resources 5 N. French Dr., Hobbs, NM 88240 rict II – (575) 748-1283 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				Revised July 18, 2013 WELL API NO.			
					30-025-41702 5. Indicate Type of Lease			
	1220 South St. Francis Dr.			,	STATE FEE			
District IV - (5	Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease No.			
87505					VB-1638 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-1010) BSUGED.						Cable BVL State		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other					8. Well Number	8. Well Number 1H		
					9. OGRID Number 7377			
3. Address	of Operator Box 2267 Midlar	7'	RECEIVED		10. Pool name of Rock Lake; Bo			
4. Well Loc	ration		outh	l . 660		West		
i .	it Letter:	feet from the	lir	ne and	teet fro	m the	_line	
Sec	etion 22	Township 22S			NMPM 34	County Lea		
s 14. 1			559' GR		- 100 m	Karana Marana		
	12. Check A	Appropriate Box to Indi	cate Nature o	f Notice. I	Report or Other	Data		
PERFORM	NOTICE OF INTENTION TO: SUBSE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					PURT OF: ALTERING CASIN	G □	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN						P AND A		
	LTER CASING E COMMINGLE	MULTIPLE COMPL	☐ CASIN	G/CEMENT	JOB []			
CLOSED-LO	OOP SYSTEM			- Elnowh	aala		_	
OTHER:	cribe proposed or comp	leted operations. (Clearly s		R: 5' new h		es, including estima	ted date	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.								
08/14/15 - Made 5' new hole. TD @ 180'. Hole size 11"								
							#	
Spud Date:	03/28/14	Rig Re	lease Date:					
I hereby certi	fy that the information	above is true and complete	to the best of my	/ knowledge	and belief.			
CICNIATUDI	$\mathcal{L}_{\mathcal{L}_{\mathbf{A}}}$	MANCOTT TITLE	Regulatory	/ Analyst	D	ATE 08/17/15		
SIGNATURE Regulatory Analyst Renee' Jarratt Regulatory Analyst							3684	
Type or print name E-mail address: PHONE: 432-								
APPROVED		Accestic s			D.	ATE		
Conditions of Approval (if any):								
MUB 8/19/2015						AUC 201	1915	