Submit 1 Copy To Appropriate District Office	State of New Mexico Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	V 20075-25211
811 S. First St., Artesia, NM 88210	5 Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. STATE 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	·
	ICES AND REPORTS ON WELLS  7. Lease Name or Unit Agreement
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH  ORDER  ORDER
PROPOSALS.)	Je swp •
1. Type of Well: Oil Well	das weit  Other SwD weit-
2. Name of Operator Rice Operating Company	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat San Andres
122 West Taylor, Hobbs, NM	88240 $\mathcal{L}$ Such and a $\mathcal{L}$
4. Well Location	KECEIVED Son J June Of Manager
	rom the North line and 965 feet from the East line
Section 22	Township 22S Range 37E NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)
	33525' GL
•	
12. Check	Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF I	ITENTION TO: SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMENT JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
OTHER:	OTHER: MIT with Chart
13. Describe proposed or com	leted operations. (Clearly state all pertinent details, and give pertinent dates, including estimated dat
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of
proposed completion or re	ompletion.
Ran MIT with Chart Witne	ssed by George Bower on July 20, 2015
San J Datas	Die Delege Date
Spud Date:	Rig Release Date:
,	
I hereby certify that the information	above is true and complete to the best of my knowledge and belief.
Thereby certify that the information	above is true and complete to the best of my knowledge and benefit.
1 //	$\cdot$
SIGNATURE	TITLE Operations Manager DATE July 22, 2015
1197	DUONE COC 202 0174
Type or print name Jon Ramposte	E-mail address: <u>jrampone@riceswd.com</u> PHONE: <u>575-393-9174</u>
For State Use Only	
For State Use Only	
APPROVED BY:	mamaker TITLE Staff Manager DATE 8/20/2015
Conditions of Approval (if any):	

