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	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO.	5-29185
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of	
<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 I	ease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			ļ. ·	
SUNDRY NOTE	CES AND REPORTS ON WE	ELLS	7. Lease Name or U	nit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	SALS TO DRILL OR TO DEEPEN O	ON PLUGICA TO CO		
PROPOSALS.)		Rock Queen Unit 8. Well Number	316	
1. Type of Well: Oil Well Gas Well Other AIIG 2 & 2015			310	
2. Name of Operator	vac Operating LD	•	9. OGRID Number	240974
3. Address of Operator	ves Operating LP	RECEIVED	10. Pool name or W	
	48, Midland, TX 79702	- TOLIVED	Caprock; Queer	
4. Well Location				
Unit Letter J:	2080 feet from the	South line and	1830 feet from	the <u>East</u> line
Section 26	Township 13S	Range 31E	NMPM	County Chaves
	11. Elevation (Show whether			
	4405' G	iL		
12. Check A	appropriate Box to Indica	te Nature of Notice,	Report or Other Da	ata
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
				LTERING CASING
TEMPORARILY ABANDON				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE	_		_	
CLOSED-LOOP SYSTEM	· · · · · · · · · · · · · · · · · · ·			
OTHER:	Clean Out Well 🛛	OTHER:	· · · · · · · · · · · · · · · · · · ·	
13. Describe proposed or compl				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or reco	ompletion.	•		
Clean Out Procedure:				
1. Pull packer.				
2. Run bailer on tubing.				
3. If needed, install bridge plug at 3090' (below existing perforations).				
4. Run packer.5. MIT test and return to injection				
5. White test and return to injection				
		•		
		<u></u> _		7
Spud Date:	Rig Releas	se Date:		
				_
6 je				
I hereby certify that the information	above is true and complete to t	he best of my knowledg	e and belief.	
/ //				
SIGNATURE (1)	TITLE_	Operations Engineer	DATE	E_08/24/2015
Tuno or print days Labor Sand	p'11	drage icon-Alexa 1	n aom DIIO	ME. 422 690 5200
Type or print Mame _John SaenZ For State Use Only	E-mail ad	dress: _jsaenz@legacyl	ip.comPHO	NE: _432-689-5200
Tot State Use Unity	- m	introloum Engineer		-/ -1
APPROVED BY:	TITLE	etroleum Engineer	DATE	08/28/15
Conditions of Approval (if any):			9/1/15	
			774 TE 3	<i>k</i>