Submit I Copy To App Office	propriate District	State of New Mexico				Form C-103			
District I - (575) 393-6		Energy, Minerals and Natural Resour			ces	WELL ADING		evised July 1	8, 2013
1625 N. French Dr., He <u>District II</u> – (575) 748-	1283	OIL CONSERVATION DIVISION				WELL API NO. 30-025-38875			
				5. Indicate Type of Lease					
1000 Rio Brazos Rd. Aztec. NM 87410			nta Fe, NM 87	STAT				FEE	
1220 S. St. Francis Dr. 87505		34	mta 1 C, 14171 67	303	ı	6. State Oil &	Gas Lease	No.	
	SUNDRY NOTIC	ES AND REPOR	RTS ON WELLS		~ CF	7. Lease Nam	e or Unit A	greement N	ame
DIFFERENT RESERV	FORM FOR PROPOSA VOIR. USE "APPLICA	LIS TO DRILL OR T	O DEEPEN OR PLU " (FORM C-101) FO	OR SUCH	ı	Jalmat Fiel		Sand Un	it
1. Type of Well:	Oil Well G	as Well 🔲 Ot	her WIW ~	AUG ® S	2015	8. Well Numb	per 2	222	
2. Name of Opera BREITB	itor URN OPERAT	ING			,	9. OGRID Nu	mber 37	70080	
3. Address of Open	erator ney St. Suite 24	400, Houstor	Texas 7701	0 RECH	BIVIED	10. Pool name Jalmat, Ta			ers
4. Well Location									
Unit Lette Section	erb:			line a			from the _	E v LEA	_line
Section		11. Elevation (S.				NMPM	Count	y LLA	
**************************************	717			7 GL			T.		
	12. Check Ap	propriate Box	to Indicate N	ature of N	otice,	Report or Oth	ner Data		
NO	OTICE OF INT	ENTION TO	•		SUB	SEQUENT F	REPORT	OF:	
PERFORM REME	DIAL WORK 🗌	PLUG AND ABA	NDON 🗌	REMEDIA				RING CASIN	IG 🗌
TEMPORARILY A		CHANGE PLAN				LLING OPNS.	) PAND	) A	
PULL OR ALTER DOWNHOLE COM		MULTIPLE COM	IPL 🗌	CASING/C	SEMENT	L JOB [	}		
CLOSED-LOOP S								_	
OTHER:				OTHER:		TEST			
of starting	proposed or comple any proposed work	(). SEE RULE I							
proposed o	completion or recor	npletion.							
DEDEOD	M E VEAD III	NAIT TEST	CHADT ATT	VCHED					
PERFUR	M 5 YEAR UIC	, WIII 1E31,	CHARLALI	ACHED					
Spud Date:	04/18/2008	1	Rig Release Da	nte:					
Spud Date.			reig release se						
I hereby certify tha	t the information al	pove is true and o	complete to the b	est of my kn	owledg	e and belief.			
SIGNATURE	Camlle	liher	TITLE FO	RMAN			DATE	08/18/20	015
Type or print name	CAM ROB	BINS			oins@b	reitburn.com		432-425	
For State Use Onl	′		_ E man addres						
APPROVED BY:	Ballo	mamak	TITLE	Staff	Man	Jager_	DATE	9/23/	2015
Conditions of Appr	roval (if any):		<del></del>					/-	

