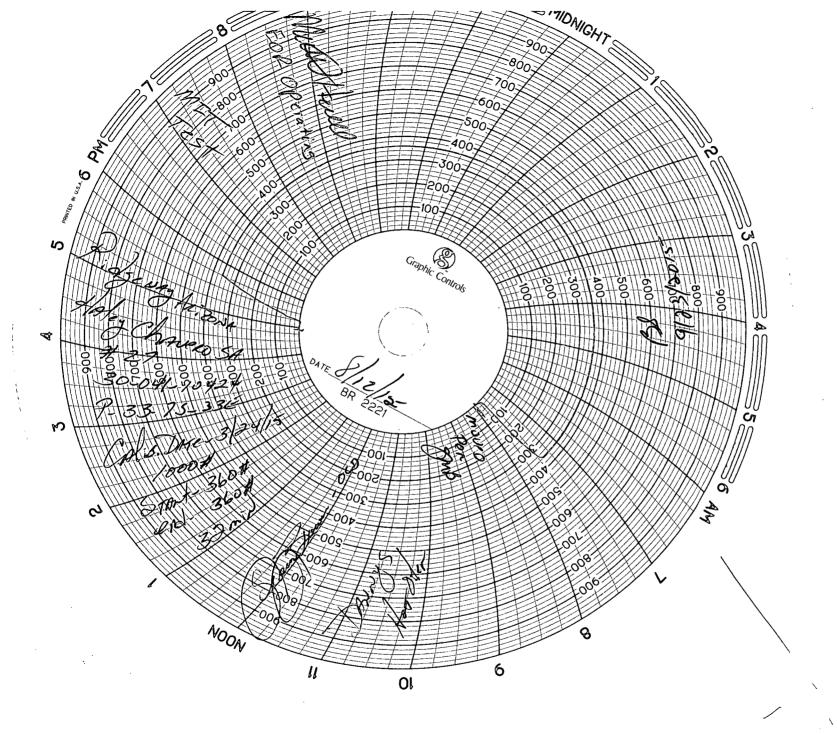
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Reso	ources Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONGERNATION DHAG	20.041.10424
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVIS	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STATE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. K-1369
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Haley Chaveroo San Andres Unit
1. Type of Well: Oil Well	Gas Well Other (Injector) HOBBS (	
2. Name of Operator Ridgeway Arizona Oil Corp		9. OGRID Number 164557
3. Address of Operator	AUC 0 8	10. Pool name or Wildcat
777 N. Eldridge Parkway, Suite 1.	50 Houston, TX 77079	San Andres
4. Well Location	SECEN	WHU
Unit Letter P: 660 feet f	from the South line and 660 feet from the Ea	ast line
Section 33	Township 7S Range	33E NMPM Roosevelt County
	11. Elevation (Show whether DR, RKB, R	T, GR, etc.)
parties and a second se	4426 DF	
12 Check	Appropriate Box to Indicate Nature of	f Natice Penart or Other Date
12. CHECK	Appropriate box to indicate Nature of	i Notice, Report of Other Data
	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		DIAL WORK ALTERING CASING
TEMPORARILY ABANDON DULL OR ALTER CASING	. —	ENCE DRILLING OPNS. $\square$ P AND A $\square$ G/CEMENT JOB $\square$
DOWNHOLE COMMINGLE	MOETIFEE COMPE CASIN	G/CEMIENT JOB
CLOSED-LOOP SYSTEM	,	
OTHER:	OTHER	
		details, and give pertinent dates, including estimated date fultiple Completions: Attach wellbore diagram of
proposed completion or re		intiple completions. Attach wendore diagram of
	· ·	
MIT test witnessed on 8/12/15		
	•	
Spud Date:	Rig Release Date:	
		· · · · · · · · · · · · · · · · · · ·
Lharaby cartify that the information	above is true and complete to the best of my	knowledge and halief
Thereby certify that the information	above is true and complete to the best of my	knowledge and belief.
$\sim M$		8/24/
SIGNATURE	TITLEVP Regula	atory AffairsDATEDATE
Type or print name	Hallo Email address: 'ha	ALLA BONNELL BHONE PROJUVE-YED
Type or print name	E-man address:	oil 185.com
R . O	(/	
APPROVED BY:	Xomande TITLE Staff	F Manager DATE 9/3/2015
Conditions of Approval (if any):		hn
		St. 242015



## American Valve & Meter, Inc. 1113 W. BROADWAY

## P.O. BOX 166 HOBBS NM 88240

T0: Dannys Hot Oil

This is to certify that: DATE: 03/24/15

I, Bud Collins

Technician for American Valve & Meter Inc. has checked the calibration of the following instrument

8"\_Pressure recorder

at these points.

	Pressure #	!			
Test	Found	)T C	Tempe	rature *0	r Pressure#
- 0	-	Left	Test	"对性"。冷静或音	
- 500	_	- 0		NO.	und Left
- 700 - 1000	-	- 500			
- 1000 - 200	-	- 700 - 1000		•	
- 0	***	- <b>200</b>			
	~	-0			
Remark	Š				

Signature: