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 Resource	es Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONCERNATION DUVICION	30-025-12068-0000
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa I C, INVI 87303	6. State Oil & Gas Lease No.
87505	ICEC AND DEPORTS ON WELLS	
	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	W H Rhodes B Federal NCT 1 /
1. Type of Well: Oil Well	Gas Well X Other Injection OBBS OCD	8. Well Number 005
2. Name of Operator	_	9. OGRID Number
3. Address of Operator	rating Company LLC AUG 9 5 2015	288774 10. Pool name or Wildcat
1500 Industrial Blvd, Ste 102	; Abilene, TX 79602	Rhodes; Yates-Seven Rivers
4. Well Location		
Unit Letter B: 660 feet from the North line and 1980 feet from the East line		
Section 27	Township 26S Range 37E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, G	R, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐ REMEDIAL	SUBSEQUENT REPORT OF: WORK □ ALTERING CASING □
TEMPORARILY ABANDON	<u> </u>	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER: ¹	MIT Test
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Well was pressure tested 07/09/2015.		
05/12/1044	04/0	09/1944
Spud Date: 05/13/1944	Rig Release Date: 06/0	77/1744
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Λ Λ		
SIGNATURE Afra Chra	Archer TITLE Office Administrat	DATE 08/07/2015
()		DATE SOUTH
Type or print name Jana Spraberry	E-mail address: jspraberry@	%plantationpetro.com PHONE: 325-267-6046
For State Use Only		
APPROVED BY: Bill Somanah TITLE Staff Manager DATE 9/25/15		
Conditions of Approval (if any):		

