Submit 1 Copy To Appropriate District Office	State of New Wexico		Form C-103	
District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-25426-0000	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type	
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Ga	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name of	r Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			W H Rhodes B Federal NCT 1	
PROPOSALS.)			0 111 112 1	
1. Type of Well: Oil Well Gas Well X Other Injection OBBS OCD			017	
2. Name of Operator PPC Operating Company LLC			9. OGRID Number 288774	
3. Address of Operator AUG 2 5 2015			10. Pool name or Wildcat	
1500 Industrial Blvd, Ste 102; Abilene, TX 79602			Rhodes; Yates-Seven Rivers	
4. Well Location				
Unit Letter J : 3300 feet from the North RECEIVED 1980 feet from the East line				
Section 26 Township 26S Range 37E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
			_	
12. Check A	Appropriate Box to Indicate N	lature of Notice,	Report or Other	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR				
TEMPORARILY ABANDON	ILY ABANDON			P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
OTHER:	OTHER: 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 07/10/2015.				
Spud Date: 06/17/1977	Rig Release Da	ate: 06/21/19	77	
I hereby certify that the information	above is true and complete to the b	est of my knowledg	e and belief.	
1-1				
SIGNATURE Jana Opealerry TITLE Office Administrator			D	ATE 08/07/2015
TITLE OTHER Administrator DATE 00/07/2015				TIE CONTINUE TO
Type or print name Jana Spraberry E-mail address: jspraberry@plantationpetro.com PHONE: 325-267-6046				
For State Use Only				
APPROVED BY: Selson	amah TITLE	Staff W	naar Da	TE 1061.
Conditions of Approval (if any):	IIILE_ o	Staff Man	DA	10/9/15
			OCT 1 3	2015
			OCI I	CU 10

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