	7 To Appropriate District	Sta	te of New Me	exico			Form C-1	103	
Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210		Energy, Minerals and Natural Resources			WELL API	Revised July 18, 2013 WELL API NO.			
						30-025-42423			
District III - (5		1220 South St. Francis Dr.				5. Indicate Type of Lease			
	00 Rio Brazos Rd., Aztec, NM 87410 strict IV – (505) 476-3460 Santa Fe, NM 87505					6. State Oil & Gas Lease No.			
	ncis Dr., Santa Fe, NM					0			
87505	SUNDRY NOT	ICES AND REPOR	TS ON WELLS	S	7. Lease N	ame or Unit Ag	greement Nam	ne	
1			ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH			Optimizer BVB State /			
PROPOSALS.)	_	140	BBSOOD	8. Well Nu				
1. Type of 2. Name of	Well: Oil Well	Gas Well Ot	her		9. OGRID		1		
	G Resources, Inc.	1	100	1 3 2015	7377	INUMOCI		_	
3. Address			001			ame or Wildcat			
	Box 2267 Midla	nd, TX 79702	D	ECEIVED	Grama Ri	idge; Bone S	Spring		
4. Well Lo	C	200	North		2206	W	/est		
	it Letter :: ction 33	feet fro		ange 34E	NMPM	eet from the County		ne /	
36	clion	11. Elevation (S)				County	Lou		
			3,684' (ĠR		1434 <u>2</u>			
	10 01-1	Annual at D	to Indianta 2	Inture of Mart	Depart	than Data			
	12. Check	Appropriate Box	to indicate N	ature of Notic	ce, Report or (nner Data			
	NOTICE OF IN				JBSEQUENT				
	REMEDIAL WORK	PLUG AND ABANDON							
	RILY ABANDON	CHANGE PLANS MULTIPLE COM		COMMENCE CASING/CEM	DRILLING OPNS	P AND	A		
		WOLTFLE COM		CASING/CEW	LINTJOB				
	DOP SYSTEM								
OTHER:				OTHER: 5'n				×	
	cribe proposed or comp arting any proposed w							date	
	osed completion or rec			c. i or multiple	compictions. At	auen wendere	diagram or		
10/	06/15 - Made 5' new ho	le. TD @ 65'. Hole	e size 20"						
				-				1	
Spud Date:	02/27/15		Rig Release Da	ata					
Spud Date.	02/2//15		Kig Kelease Da	atc.					
I hereby certi	fy that the information	above is true and c	omplete to the b	est of my knowl	edge and belief.			2	
	0.								
SIGNATUR	Kneil Va	Matt TITLE Regulatory Analyst			yst	DATE 10/	07/15		
	Panao' larr	att				1	32-686-36	84	
Type or print	hame		E-mail addres	s:		PHONE: 4	02-000-00	0-1	
For State Us	e Only Accounted	fc Record	Onte						
APPROVED	BY: Accepted	or Record C	TITLE			DATE			
Conditions of	f Approval (if any):								

h

OCT 1 5 2015