Submit 1 Copy Office	y To Appropriate District	State of	Form C-103						
<u>District 1</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 District III – (505) 334-6178		Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.				Revised July 18, 2013 WELL API NO. 30-025-41886			
					5. Indicate	e Type of Lease	_		
1000 Rio Braz	tos Rd., Aztec, NM 87410	Santa Fe, NM 87505				6. State Oil & Gas Lease No. VB-1697			
	505) 476-3460 ancis Dr., Santa Fe, NM								
(DO NOT US	E THIS FORM FOR PROPO	ICES AND REPORTS O SALS TO DRILL OR TO DEE	PEN OR PLU	G BASICO A		Name or Unit Ag	reement Na	ame	
DIFFERENT	RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FOR	M C-101) FO	BELCH	Pixley B	UX State	-		
	Well: Oil Well	Gas Well 🗌 Other	Ho	2015	8. Well N	umber 1H	1		
2. Name of EOC	f Operator G Resources, Inc.	1	00	180	9. OGRID 7377	Number			
3. Address	of Operator Box 2267 Midlar	nd, TX 79702		RECEIVED	10. Pool n Vacuum;	ame or Wildcat Bone Spring	3		
4. Well Lo	P	200	South		660	E	ast		
	tion 26	feet from the		line and nge 35E	1 NMPM	feet from the	Lea	line	
Se	ction 26	Township 18 11. Elevation (Show w				County	Lea		
		3870							
	12. Check A	Appropriate Box to In	ndicate Na	ature of Noti	ce, Report or	Other Data			
	NOTICE OF IN	TENTION TO:			UBSEQUEN	the second			
		PLUG AND ABANDON REMEDIAL WO							
a service of the service of the	RILY ABANDON	CHANGE PLANS MULTIPLE COMPL		COMMENCE CASING/CEM	DRILLING OPN	S. P AND	4		
		MOLTIFEE COMPE		ONDINO/OLIV	ENT SOB				
the set of the second set	OOP SYSTEM			E! N	lew Hele			_	
OTHER:	oribe proposed or comp	leted operations. (Clearly	v state all p	OTHER: 5' N		ent dates includ	ing estimat	ed date	
ofs		ork). SEE RULE 19.15.7							
10/	'18/15 - Made 5' new ho	le. TD 135'.							
Spud Date:	06/26/14	Rig I	Release Dat	e:					
I harabu aart	if that the information	above is true and comple	te to the he	st of my knowl	adge and balief				
i nereby cert		•							
SIGNATURE Que Canatt TITLE Regulatory Analyst						DATE1	0/19/15		
Type or prin	t name Renee' Jana	att E-m	ail address:			PHONE: 4	32-686-3	8684	
For State Us	se Only	and the second							
APPROVED	BY: Accepted	d for Record	Le le			DATE		1	
Conditions o	f Approval (if any):					OCT 2 2	2015		
						ULIZZ	2010		

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