Submit I Copy To Appropriate District Office	State of New Mex			Form C-103
District £ - (575) 393-6161	Energy, Minerals and Natura	al Resources		vised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-25059	_
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBS OFIL CONSERVATION DIVISION		DIVISION	5. Indicate Type of Lease	
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM S7505			STATE x FE	E 🗆
			6. State Oil & Gas Lease 1 B-936	Terrorial Control
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.		7. Lease Name or Unit Agreement Name NVANU "10"		
		8. Well Number 1		
Type of Well: Oil Well Gas Well x Other (Inj) 2. Name of Operator			9. OGRID Number	
Lime Rock Resources II-A, LP			7. OOKID Number	
3. Address of Operator 1111 Bagby St., Ste. 4600 Houston, TX 77002			Pool name or Wildcat North Vacuum ABO	
4. Well Location	M860			
Unit Letter D:	660 feet from the N	line and	660 feet from the	Wline
Section 1		ange 34E	NMPM Lea	County
	 Elevation (Show whether DR, I 4046.8' GL 	RKB, RT, GR, etc.)		
	4046.8 GL			
12 Check Ar	propriate Box to Indicate Na	ture of Notice I	Report or Other Data	
			•	
			SEQUENT REPORT	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				NG CASING
TEMPORARILY ABANDON				4 🗆
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB \square	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER:		П
	ed operations. (Clearly state all pe		give pertinent dates, includ	ing estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC.	For Multiple Com	pletions: Attach wellbore of	liagram of
proposed completion or recor	apletion.			
Replaced leaking production packer w	nermanent 4-1/2" latch-in nacker	set @ 8680' Pe-r	an tubing string & put FOT	@ 8684
Pressure tested w/chart recorder (attacl				(<i>w</i> 8084 .
,	,			
6116175		7.0.77		
Spud Date: 6/16/75	Rig Release Date	: 7/8/75		
I hereby certify that the information ab	ove is true and complete to the best	of my knowledge	and belief.	6 B
	45			
SIGNATURE Carla Mai	TITLE Regu	llatory Technician	DATE	11/10/15
(-)				
Type or print name Carla Ma	rtin E-mail address:	cmartin@limerocl	kresources.com PHONE: _7	13/292-9510_
For State Use Only				
Kan Va		The second secon		
APPROVED BY:	anal TITLE St.	of Mans	DATE /	//s/an-

