Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 HOBBS Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-26646
811 S. First St., Artesia, NM 88210 SEP 2 6 2010 CONSERVATION DIVISION District III = (508) 334-6178	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 1270 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Maralo 16 State 8. Well Number 4
Type of Well: Oil Well	9. OGRID Number
RMR Operating, LLC	281085
Address of Operator 14282 Gillis Road, Farmers Branch, TX 75244	Pool name or Wildcat Sioux; Tansil-Yates-Seven Rivers
4. Well Location	
Unit Letter F: 1980 feet from the North line and 990	
Section 16 Township 26S Range 36E T1. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
11. Elevation (Show whether DR, RRB, R1, OR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILL TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE COMPL OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion. RMR Operating LLC is seeking permission. RMR plans to test the casing to 540 psign. RMR would like to apply for a one year.	give pertinent dates, including estimated date inpletions: Attach wellbore diagram of for 30 minutes.
T.A. the subject well.	
	ondition of Approval: notify
	OCD Hobbs office 24 hours
Spud Date: Rig Release Date: prio	r of running MIT Test & Chart
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Prom Person TITLE U.P. Operat	Bas DATE 9/19/16
For State Use Only	
Type or print name Ross Pearson E-mail address: ross & reduced For State Use Only APPROVED BY: Conditions of Approval (if arry):	WISOLDATE 9/29/2016
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NO PROD REPORTED - 163 MONTHS