Submit One Copy To Appropriate District Office  District I  1625 N. French Dr. Hobbs, NM 88240	Energy, Minerals and Natural Resources Strict II 1 S. First St., Grand Ave., Artesia, NM  Strict III 1 S. First St., Grand Ave., Artesia, NM		Form C-103 Revised August 1, 2011 WELL API NO.
District II 811 S. First St., Grand Ave., Artesia, NM 88210			30-025-08007 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:   Oil Well  Gas Well  Other			7. Lease Name or Unit Agreement Name New Mexico BH State
			8. Well Number 001
2. Name of Operator	das weir Oulei		9. OGRID Number
Paladin Energy Corp.	1		164070
3. Address of Operator 10290 Monroe Drive, Suite 301, D	allas Texas 75229		10. Pool name or Wildcat Caprock; Wolfcamp,East (09310)
4. Well Location  Unit Letter F: 660 feet from the N line and 1980 feet from the W line  Section 11 Township 12S Range 32E NMPM County Lea			
	11. Elevation (Show whether 14371)	DR, RKB, RT, GR, etc	.)
12. Check Appropriate Box to		Report or Other I	Data
TEMPORARILY ABANDON			
other production equipment.  Anchors, dead men, tie downs a  If this is a one-well lease or last OCD rules and the terms of the Oper from lease and well location.  All metal bolts and other materia be removed.)  All other environmental concer-	and risers have been cut off at lear remaining well on lease, the bat rator's pit permit and closure plants have been removed. Portable	ast two feet below groutery and pit location(s n. All flow lines, processes have been removed. CD rules.	s been cleared of all junk, trash, flow lines and und level.  s) have been remediated in compliance with duction equipment and junk have been removed oved. (Poured onsite concrete bases do not hto
When all work has been completed,	return this form to the appropria	te District office to scl	nedule an inspection.
SIGNATURE Michey	Horn TITLE	Operations Manage	DATE11/10/16
TYPE OR PRINT NAME Mickey H For State Use Only APPROVED BY: Conditions of Approval (if any):	ornE-MA	IL: paladinmid@sude	DATE 11 /23 /2016