

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 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 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

HOBBS OCD

JUN 02 2017

WELL API NO. 30-005-01210
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Gulf Deep Well #001
8. Well Number
9. OGRID Number 303735
10. Pool name or Wildcat

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 **Disposal**

2. Name of Operator **Crain Hot Oil Serv. LLC**

3. Address of Operator
PO Box 5846 Granbury Tx. 76049

4. Well Location
 Unit Letter **C** : **660** feet from the **North** line and **1980** feet from the **West** line
 Section **34** Township **14S** Range **31E** NMPM County **Chaves**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Repair Tubing <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Attached

Spud Date: **5-30-2017** Rig Release Date: **6-1-17**

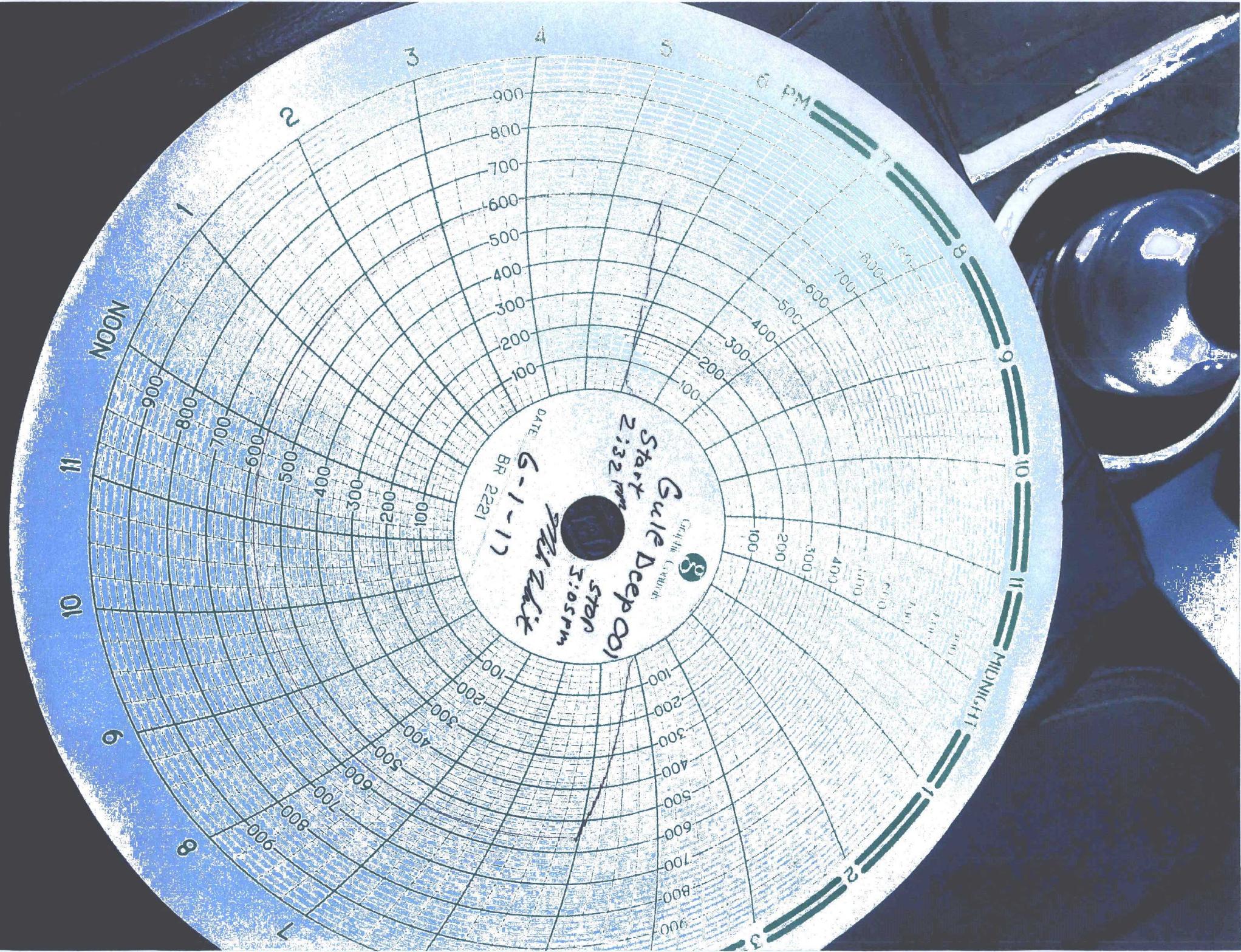
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **Mike White** TITLE **Manager** DATE **6-1-2017**

Type or print name **Mike White** E-mail address: **mwhite@crainhotoil.com** PHONE: **575-350-3776**

APPROVED BY: **Mark Brown** TITLE **AO/II** DATE **6/5/2017**

Conditions of Approval (if any):



Start 2:32 pm
Gule Deep 081
Stop 3:05 pm
DATE 6-1-17
BR 2221



NOON

MIDNIGHT

6 PM

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D & L Meters & Instrument Service, Inc.

Lovington, NM 88260

P.O. Box 1621

Office: (575) 396-3715

Fax: (575) 396-5812



Date: **Wednesday, May 31, 2017**

Invoice # _____

Certification of Pressure Recorder Test:

Company: Crain Hot Oil Service

Unit:

Model: Charts LTD

Pressure Rating: 1000#

Serial #: 81616

This Pressure Recorder was tested at midrange for accuracy and verified within $\pm 5\%$ and -5% for 1000# pressure element.



Jesse Arenivas, Technician