

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-616  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1111  
 811 S. First St., Artesia, NM 88220  
 District III - (505) 326-1178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 226-3466  
 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

RECEIVED  
 MAY 29 2019  
 FORMS OGD

WELL API NO. 30-225-12580 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/>
6. State Oil & Gas Lease No. NMLC 029519A
7. Lease Name or Unit Agreement Name B.V. Lynch A Federal ✓
8. Well Number 10 ✓
9. OGRID Number 267077 ✓
10. Pool name or Wildcat Lynch Gates Seven Rivers

**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 SWD

2. Name of Operator  
Mas Operating Co.

3. Address of Operator  
P.O. Box 52167 Midland, TX 79710

4. Well Location  
 Unit Letter C : 660 feet from the N line and 1980 feet from the W line  
 Section 34 Township 20S Range 34E NMPM Lea County NM

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

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" 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: <input 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.

*Failed Mechanical Integrity Test, rig up on well & pull to determine reason for failure.*

Spud Date:

Rig Release Date:

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

SIGNATURE *Bradley Heiser* TITLE President DATE 5/21/19  
 Type or print name Bradley Heiser E-mail address: masoperating@att.net PHONE: 432-618-0678  
**For State Use Only**

APPROVED BY: *Steph...* TITLE Compliance Officer DATE 5-30-19  
 Conditions of Approval (if any):

*5-24-19*