

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

WELL API NO. 30-025-45450
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Northwest Eumont Unit
8. Well Number #202
9. OGRID Number 19111
10. Pool name or Wildcat Eumont; Yates-7 Rvrs-Queen (Oil)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3639' GL, 3652' KB

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-10) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Rhombus Operating Co., Ltd

3. Address of Operator
PO Box 627, Littleton, CO 80160-0627

4. Well Location
 Unit Letter K : 2630' feet from the South line and 1490' feet from the West line
 Section 34 Township 19S Range 36E NMPM County Lea

HOBBS OGD
MAR 02 2020
RECEIVED

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: <input type="checkbox"/>		OTHER: Initial Completion	<input checked="" 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.

1/9/20 - 1/13/20 Run CBL - shows TOC 2365'. Perf 4124-30', 6 SPF. Frac w/ 48 bbls 22# linear gel, 482 bbls 22# crosslinked gel, 28,000# 20/40 sand. RIH w/ pump, rods, tbg & put well on pump. 24 hr test: P 8 BO, 105 BW, 15 MCF.

Spud Date: 12/07/2019

Rig Release Date: 12/18/2019

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

SIGNATURE Cindy Grogg TITLE Office Manager DATE 02/25/2020

Type or print name Cindy Grogg E-mail address: rhombusenergy@gmail.com PHONE: 432-683-8873
 For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 02/04/2020
 Conditions of Approval (if any): _____