

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

HOBBBS OCD
RECEIVED
 JUN 26 2020

WELL API NO. 30-025-04017
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 Northwest Eumont Unit
8. Well Number 116
9. OGRID Number 19111
10. Pool name or Wildcat Eumont Yates, 7 Rivers, Queen

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 X Injection

2. Name of Operator Rhombus Operating Co., Ltd.

3. Address of Operator P.O. Box 247, Crested Butte, CO 81224

4. Well Location
 Unit Letter M : 660 feet from the South line and 660 feet from the West line
 Section 14 Township 19S Range 36E NMPM County Lea

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

FINAL TA STATUS- EXTENSION

Notified NMOCD
 Pressure up to 500 psi. Held
 Chart attached
 Request TA Extension

Approval of TA EXPIRES: 1/1/21
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: X 7

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 Cindy Grogg TITLE Office Manager DATE 6/15/2020

Type or print name Cindy Grogg E-mail address: _rhombusenergy@gmail.com PHONE: _432-683-8873

For State Use Only

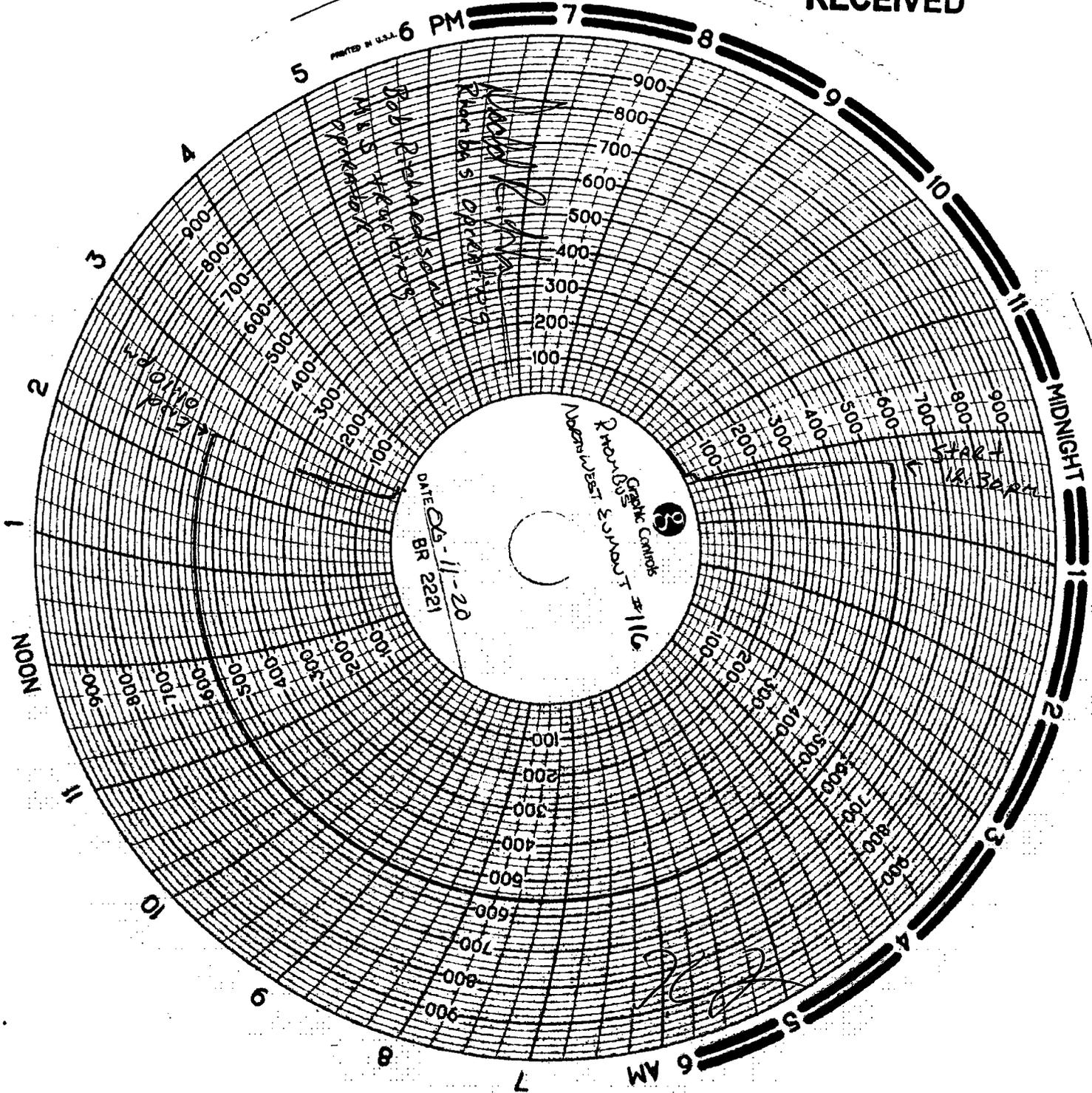
APPROVED BY: Kenny Tate TITLE CO A DATE 6-26-20
 Conditions of Approval (if any)

HOBBS OCD

JUN 26 2020

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MIDNIGHT

NOON

6 AM