

Submit One Copy To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

HOBBS OCD
JUN 05 2020
RECEIVED

WELL API NO.	30-025-35975
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	Royal Stimulator
8. Well Number	2
9. OGRID Number	5898
10. Pool name or Wildcat	Wildcat S153631F; Miss (Gas)

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

2. Name of Operator David H Arrington Oil & Gas, Inc

3. Address of Operator PO Box 2071
Midland, TX 79702

HOBBS OCD
JUL 30 2020
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4. Well Location
Unit Letter E : 2235 feet from the N line and _____ feet from the W line
Section 31 Township 15S Range 36E NMPM _____ County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3927'

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"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A

- All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
- Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
- A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.

- The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
- All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- All other environmental concerns have been addressed as per OCD rules.
- Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE [Signature] TITLE Regulatory Specialist DATE 05/29/2020

TYPE OR PRINT NAME Debbie Whiting E-MAIL: debbie.whiting@arringtonoil.com PHONE: (432)682-6685
For State Use Only

APPROVED BY: [Signature] TITLE C O A DATE 8-5-20
Conditions of Approval (if any)



NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

EMNRD - DISTRICT 1
1625 N FRENCH DRIVE
HOBBS NM 88240
575-393-6161

PLUG & ABANDON - SITE OK TO RELEASE

OPERATOR NAME David H. Arrington

API 30-025-35975

PROPERTY NAME Royal ~~Stim~~ Stimulator #2

WELL LOCATION	UL-LOT	SECTION	TOWNSHIP	RANGE	COUNTY
	<u>E</u>	<u>31</u>	<u>15S</u>	<u>36E</u>	<u>LEA</u>

DATE: 7-24-20 *above ground mark
w/ plate - ok*

P\A'D OK TO RELEASE YES *location - ok*

APPROVED BY *[Signature]*

TITLE: *c/o A*