Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-10	-
<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised July 18, 201 WELL API NO.	3
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-25206	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease	
District IV - (505) 476-3460			6. State Oil & Gas Lease No.	-
1220 S. St. Francis Dr., Santa Fe, NM 87505		B-936		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		NVANU "11"		
1. Type of Well: Oil Well Gas Well Other HORRS OCD		8. Well Number 002		
2. Name of Operator Unitex Oil & Gas, LLC			9. OGRID Number 373671	
3. Address of Operator		0 7 2020	10. Pool name or Wildcat: North Vacuum	-
508 W Wall St. Ste 1000 Midland, 4. Well Location	TX 79701		Abo North Unit	
Unit Letter1980feet from theNorth line and860feet from theWest line				
Section 1 Township 17S Range 34E NMPM County Lea				
	11. Elevation (Show whether DR 4039.9 GL	, RKB, RT, GR, etc.,		
<u></u> .	4037.7 GL			
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:	
TEMPORARILY ABANDON L CHANGE PLANS L COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT				J
		CAGING/CEMEN		
CLOSED-LOOP SYSTEM		OTHER:		1
OTHER: Cement Squeeze 13. Describe proposed or comp	bleted operations. (Clearly state all -		لسا d give pertinent dates, including estimated da	i <u>te</u>
of starting any proposed we	ork). SEE RULE 19.15.7.14 NMA		mpletions: Attach wellbore diagram of	
proposed completion or rec	completion.			
Originally rigged up on this well for	a numn ranair. Once rigged un we	found tubing/tubing	anchor stuck and a possible hole in the	
			lepth of the casing leak and perform a casing	
squeeze.				
Condition				
Condition of Approval: notify OCD Holds and the offers				
OCD Hol be office 24 hours				
prior of renarmality of the R. Chart				
			e e caari	
Spud Date: 7/1/20	Rig Release Da	ate:		
I hereby certify that the information	above is true and complete to the be	est of my knowledg	e and belief.	-
1		_		
SIGNATURE WULLI	MARCHUMATITLE OP	erations Dr	IGINECT DATE 7/27/20	
Type or print nameLaurie Taxiarchou E-mail address: Itaxiarchou@unitexoil.comPHONE: 432-238-5020_				
For State Use Only				
APPROVED BY: Keny Jut TITLE CO H DATE 8)- 20				
Conditions of Approval (if any):	-		/_	