Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resourc	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	36-025-2180 5
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		LG-607
	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Ba 35 432 "State
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2. Name of Operator	5 - 5 (5 8 5	9. OGRID Number 149 5 38
3. Address of Operator	•	10. Pool name or Wildcat
1230g Lorien h	Jay Oklahoma City, OK73	170 Apache Ridge 135
4. Well Location		
Unit Letter : (a (b 0) feet from the 11 line and 1980 feet from the 10857 line Section 32 Township 19-5 Range 34-E NMPM Leg County 1		
Section 32	11. Elevation (Show whether DR, RKB, RT, G	
PA DA LA		
Pit or Below-grade Tank Application ☐ o Pit type Depth to Groundwa		Distance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material		
	appropriate Box to Indicate Nature of No.	
		•
NOTICE OF IN PERFORM REMEDIAL WORK □	TENTION TO: PLUG AND ABANDON □ REMEDIAL	SUBSEQUENT REPORT OF: .WORK
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CI	EMENT JOB
OTHER:	☐ OTHER:	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
or recompletion.	1 6 600	alached up and
This	lease has been	cleanes up and
This lease has been cleaned up and ready for final inspection for PAA		
ready for tinal inspection,		
, 0	ı	1819202123
		ASTA SA
		A Dro
		(E) DEU 2007 (E)
		(2 "eceived 2)
		\\EOCD\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		ν _ε ος
		DEC 2007 Received Hobbs OCD PSTEZVIOLE POST STATEST S
I hereby certify that the information	shove is true and complete to the best of my kno	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square .		
SIGNATURE KILLY	Jones TITLE agen	t DATE 12-16-07
0. 1	3	
Type or print name For State Use Only	E-mail address:	Telephone No.
OC FIELD REPRESENTATIVE METAPP MANAGET IAN 0.8 2009		
APPROVED BY: DATE Conditions of Approval (if any):		
Conditions of Approval (it ally):		