Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008			
1625 N French Dr , Hobbs, NM 88240 District II	OIL CONSERVATION		WELL API NO. 30-025-06017			
District III 1220 South St. Francis Dr.		cis Dr.	5. Indicate Type of Lease STATE FEE x			
District IV 1220 S St Francis Dr, Santa Fc, NM	trict IV Santa Fe, NM Santa Fe, NM		6. State Oil & Gas Lease No. ROC EME SWD Well G-8			
(DO NOT USE THIS FORM FOR PROPOSAL	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLU	JG BACK TO A	7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)			G-8 8. Well Number			
1. Type of Well: Oil Well Gas Well Other SWD 2. Name of Operator Description			9. OGRID Number			
Rice Operating Company 3. Address of Operator 118 West Taylor, Hobbs NM 88240			10. Pool name or Wildcat G/SA SWD			
4. Well Location	eet from theN line and	2310 feet f	rom the E line			
Section 8	Township 20 South					
Interview Interview 11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
	ENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB REMEDIAL WORI COMMENCE DRI CASING/CEMENT	LLING OPNS. 🗌 P AND A 🗌			
OTHER: Lay down old tubing string and pkr.		OTHER:				
13. Describe proposed or complete	ed operations. (Clearly state all p	bertinent details, and le Completions: Att	give pertinent dates, including estimated date tach wellbore diagram of proposed completion			

of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Plan to RU Monday, March 9, 2009 to pull and lay down injection string and packer. Then will pick up new injection string and packer, flange up wellhead, then put well back in SWD service. Will not change setting depth of packer. Will load casing/tubing annulus per OCD regulations, and will notify Hobbs OCD of time of load and test.

RECEIVED

MAR	Û	4	2009
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HOBBSOCD

Spud	Date:
opuu	Duite.

Rig Release Date:

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

signature	ann En	Mow PITLE_	Engr. Mgr	DATE_	_3/04/09
Type or print name	Marvin Burrows	E-mail address:	mburrows@riceswd.com	PHONE: 575-	-631-0680
For State Use Only APPROVED BY:	ting M. L	TITLE_	DISTRICT 1 SUPER	/ISOF DATE	MAR 0 5 2009