Submit 1 Copy To Appropriate DistrictState of New MexicoOfficeEnergy, Minerals and Natural Resources				Form C-103 Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283				WELL API NO. 30-039-31180	
811 S. First St., Artesia, NM 88210 OIL CO	esia, NM 88210 OIL CONSERVATION DIVISION			Lease	
District III – (505) 334-6178 12 1000 Rio Brazos Rd., Aztec, NM 87410				5. Indicate Type of Lease STATE S FEE	
District IV     (505) 476-3460     Santa Fe, NM 87505       1220 S. St. Francis Dr., Santa Fe, NM     87505			6. State Oil & Gas	Lease No.	
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			7. Lease Name or Unit Agreement Name NCRA State		
PROPOSALS.) 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other			8. Well Number 6F		
2. Name of Operator Logos Operating, LLC			9. OGRID Number 289408		
				20,100	
3. Address of Operator 4001 North Butler Ave, Bldg 7101 Farmington, NM 87401			10. Pool name or Wildcat Devils Fork Gallup/Devils Fork Mesaverde		
4. Well Location					
	t from the $N_{1}$		feet from		
	Fownship 24N   1 (Show whether DR,	Range 6W		County Rio Arriba	
6735' GL		<i>KKD</i> , <i>K</i> 1, <i>OK</i> , <i>etc.</i>			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data     NOTICE OF INTENTION TO:     PERFORM REMEDIAL WORK   PLUG AND ABANDON     TEMPORARILY ABANDON   CHANGE PLANS     PULL OR ALTER CASING   MULTIPLE COMPL     DOWNHOLE COMMINGLE   MULTIPLE COMPL				ORT OF: ALTERING CASING □	
OTHER: Surface Casing Cement	$\boxtimes$	OTHER:			
13. Describe proposed or completed operation of starting any proposed work). SEE RUL proposed completion or recompletion.	E 19.15.7.14 NMAC	. For Multiple Con	npletions: Attach we	llbore diagram of	
Logos Operating, LLC is requesting approval to ma	ike the following cha	nge to the surface ca	asing cement for the	NCRA State 6F:	
- Change the surface casing cement type from Type		CVD MAY 9 '13			
Received electronic and verbal approval from NMC		DIST. 3			
			CO	NFIDENTIAL	
Spud Date:	Rig Release Da	te:			
I hereby certify that the information above is true as	nd complete to the be	st of my knowledge	and belief.		
SIGNATURE tout Gol	TITLE Produc	tion Engineer	DAT	TE 5/7/13	
Type or print name Kristy Graham E-mail address For State Use Only	: kgraham@logosres	ourcesllc.com	РНС	DNE: 505-436-2627	
APPROVED BY: Charles	SUPE	RVISOR DISTRIC	<b>Г∯ Ӭ</b> DAT	<sub>E</sub> JUN 0 4 2013	
Conditions of Approval (if any):	Pr				