

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-045-35517
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Logos Operating, LLC		6. State Oil & Gas Lease No. LG-1916
3. Address of Operator 4001 North Butler Ave, Bldg 7101, Farmington, NM 87401		7. Lease Name or Unit Agreement Name Roadrunner
4. Well Location Unit Letter <u>F</u> : <u>1768</u> feet from the <u>N</u> line and <u>1656</u> feet from the <u>W</u> line Section <u>2</u> Township <u>24N</u> Range <u>8W</u> NMPM County <u>San Juan</u>		8. Well Number 7F
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>7236' GL</u>		9. OGRID Number 289408
		10. Pool name or Wildcat Dufers Point-Gallup Dakota

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"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <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 type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> 1 st Delivery Gas
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

First delivered gas on 6/13/14 @ 14:00hr.
TP: RODS, CP: 247, Initial MCF: 792mcf
GAS Co.: WFS, METER No.: 80143

RCVD AUG 27 '14
OIL CONS. DIV.
DIST. 3

04/28/14 Well Test: 24HRS, N/Abopd, 280bwpd (frac water), N/Amcfd, Flowing Csg Psi 85, Tbg Psi N/A, Choke 64/64

Spud Date: 03/27/14 Rig Release Date: 04/07/14

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

SIGNATURE Tamra Sessions TITLE Operations Tech DATE 08/25/2014
Type or print name Tamra Sessions E-mail address: tsessions@logosresourcesllc.com PHONE: 505-330-9333
For State Use Only

ACCEPTED FOR RECORD

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): NY