Submit 1 Copy To Appropriate District Office	State of New Mex		Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natura	al Resources	Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONCERNATIONAL		WELL API NO. 30-039-22903	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION I	DIVISION	5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. France	cis Dr.	STATE ☐ FEE ☒	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 875	505	6. State Oil & Gas Lease No.	
	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	
	SALS TO DRILL OR TO DEEPEN OR PLUC CATION FOR PERMIT" (FORM C-101) FOR	CITCII		
PROPOSALS.)	_		CANYON LARGO UNIT COM	
1. Type of Well: Oil Well	Gas Well Other		8. Well Number 314	
2. Name of Operator LOGOS OPERATING, LLC			9. OGRID Number 289408	
3. Address of Operator			10. Pool name or Wildcat	
4001 North Butler Avenue, Bldg. 7101, Farmington, NM 87401			Devils Fork Gallup	
4. Well Location				
Unit LetterJ	:1650feet from theSouth			
Section 21 Township 25N Range 06W NMPM County Rio Arriba				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6322' GL				
	0322	<u>CD</u>		
12. Check	Appropriate Box to Indicate Na	ature of Notice, R	eport or Other Data	
NOTICE OF IN	ITENTION TO:	CLIDO	EQUENT REPORT OF	
NOTICE OF IN PERFORM REMEDIAL WORK □	PLUG AND ABANDON	REMEDIAL WORK	EQUENT REPORT OF:  ☐ ALTERING CASING ☐	
The second secon		COMMENCE DRILL		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	_	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM  OTHER:		OTHER: Red	olivon	
			give pertinent dates, including estimated date	
	ork). SEE RULE 19.15.7.14 NMAC.		pletions: Attach wellbore diagram of	
This well was shut in more than	n 90 days due to Enterprise pipeline re	epairs and was redel	ivered on 08/26/15.	
TP: 390				
CP: 390				
Initial MCF: 111			OIL CONS. DIV DIST. 3	
Meter No.: 03913				
Gas Co.: ENT			SEP 2 4 2015	
Spud Date:	Rig Release Dat	te:		
I hereby certify that the information	above is true and complete to the best	st of my knowledge	and belief	-
Thereby certify that the information	-	st of my knowledge	and belief.	
SIGNATURE Janese	TITLE O	perations Technician	DATE09/22/2015	
Type or print name Tamra Sessions E-mail address: _tsessions@logosresourcesllc.com_ PHONE: _505-436-2606				
For State Use Only	nons E-man addresstses:	sions@iogosiesourc	Conc.com_ 1110NE303-430-2000	
APPROVED BY:	TITLE		DATE	
Conditions of Approval (if any):				Ke