Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources		Form C-103
District I - (575) 393-6161			Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-045-35634
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.
District IV - (505) 476-3460 Santa Fe, NM 1220 S. St. Francis Dr., Santa Fe, NM 87505		FEE	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			ALLISON UNIT COM
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 138H
2. Name of Operator			9. OGRID Number
HILCORP ENERGY COMPANY 3. Address of Operator			372171 10. Pool name or Wildcat
PO BOX 4700, FARMINGTON NM 87499			BASIN FRUITLAND COAL
4. Well Location			
Unit Letter <u>C (NENW</u>			feet from the <u>W</u> line
Section 8		Range 6W	NMPM County: SAN JUAN
11. Elevation <i>(Show whether DR, RKB, RT, GR, etc.)</i> 6134' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	I JOB
CLOSED-LOOP SYSTEM			
OTHER: APD EXTENSION REQUEST 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
Hilcorp Energy would like to extend the APD approval for the subject well.			
			011 22
			OIL CONS. DIV DIST. 3
			0131.3
Adhere to all current regulations at time of spud JAN 09 2018 Approved - expiration date 2/5/2019			
Approved-expiration date 2/5/2019			
Spud Date:	Rig Release Da	ite:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Manage Con TITLE Operations / Regulatory Technician DATE 15 18			
Type or print name Amanda Ray E-mail address: mray@hilcorp.com PHONE: 505-324-5122 For State Use Only Image: March and a construction of the state of the s			
APPROVED BY: TITLE GEOLOGIST DISTRICT #3			
Conditions of Approval (if any):	AV AV		CT #3