Submit 3 Copies 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 Rs., Aztec, NM 87410

1220 S. St. Francis Dr., Santa Fe, NM

District IV - (505) 476-3460

State of New Mexico **Energy, Minerals and Natural Resources**

Form C-103

Revised July 18, 2013

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

NMOCD

WELL API NO. 30-045-27479

| | 00-040-21410 | | | | | |
|----|--------------|---------|-------|--|--|--|
| 5. | Indicate | Type of | Lease | | | |

FEE

6. State Oil & Gas Lease No.

STATE X

| | | | | | APR 2 6 2018 | E-5384-1 | | | | | | |
|---|--------------------|----------------|--------------------------|--------------------|---------------------------------|--------------------------------|--------------|--|--|--|--|--|
| | SUNDRY NO | TICES AND | REPORTS | ON WELL | S | 7. Lease Name or Unit Agreemer | nt Name | | | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A C T T T T T T T T T T T T T T T T T T | | | | | | | | | | | | |
| 1. Type of Well: | Oil Well | X Gas V | Vell | Other | | 8. Well Number 1 | | | | | | |
| 2. Name of Operator | | | | | | 9. OGRID Number | | | | | | |
| Hilcorp Energy Co | mpany | | | | | 372171 | | | | | | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | | | | | | | | | |
| P.O. Box 4700 Fari | mington, NM 874 | 199 | | | | FRC - BASIN CB::FRUITLAND COAL | | | | | | |
| | - | | | | | | | | | | | |
| 4. Well Location | | | | | | | | | | | | |
| Unit Letter | G | Footage | 2305' FNL 8 | 1460' FEL | | | | | | | | |
| Section | 32 | Township | 031N | Range | 008W SA | AN JUAN COUNTY | | | | | | |
| | | | on (Show wheth | ner DR, RKB, | RT, GR, etc.) | | | | | | | |
| | | | 317' GR | | | | | | | | | |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA | | | | | | | | | | | | |
| N | OTICE OF IN | NTENTION | TO: | | S | SUBSEQUENT REPORT OF: | | | | | | |
| PERFORM REMEDIA | L WORK | PLUG A | ND ABANDON | 1 | REMEDIAL WORK | ALTE | ERING CASING | | | | | |
| TEMPORARILY ABAN | NDON | CHANG | E PLANS | | COMMENCE DRILLING OPNS. P AND A | | | | | | | |
| PULL OR ALTER CAS | SING | MULTIP | LE COMPL | | CASING/CEMENT | IOB | | | | | | |
| DOWNHOLE COMMI | NGLE | | | | | | | | | | | |
| CLOSED-LOOP SYS | TEM | | | | | | | | | | | |
| OTHER: | | | | | OTHER: X - | Padaliyanı | | | | | | |
| | | | | | | Redelivery | | | | | | |
| 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. | | | | | | | | | | | | |
| This well was re-de | divered on 3/30 | 1/2018 and | produced na | tural das ar | nd entrained hydrocar | hone | | | | | | |
| | | | | | | | | | | | | |
| Notes: THIS WEL | L WAS SHUT IN | I FOR MORE | THAN 90 DA | YS DUE TO | ECONOMICS. IT WAS A | IN ACOI WELL. | | | | | | |
| TP: 10 | CF | : 45 | Initial M | CF : 226 | | | | | | | | |
| | | . 45 | iiillai ivi | OF. 220 | | | | | | | | |
| Meter No. | : 52902127 | | | | Gas Co.: BP | | | | | | | |
| Proj Type | .: REDELIVER | Υ | | | | | | | | | | |
| Spud Date | 7/11/199 | 0 | Rig R | eleased Date: | | | | | | | | |
| hereby certify that the j | oformation above | is true and co | amplete to the h | poet of my kn | owledge and belief | | | | | | | |
| | illormation, above | is true and co | Implete to the t | Desi of filly kill | | | | | | | | |
| SIGNATURE | Misulla | , Silvo | ity | | TITLE Operations/ | Regulatory Tech - Sr. DATE | 4/26/2018 | | | | | |
| Type or print name | Priscilla Sho | rty | E-mail | address: | pshorty@hilcorp.com | PHONE: 5 | 05.324.5188 | | | | | |
| | ACCEPTE | D EOB B | FOOR | | | | | | | | | |
| APPROVED BY: ACCEPTED FOR RECORD TITLE DATE | | | | | | | | | | | | |
| Conditions of Approval | (if any): | 10.11 | 500 | 1 to | F | | | | | | | |
| | 31 | WHO | ens | 1 10 | Statu | 2 | | | | | | |
| | | | | +100 | , | | | | | | | |