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

Form C-103

Submit 3 Copies To Appropriate District Office District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283

Revised	July	18,	201	J

1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			WELL API NO.				
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178			30-039-26943				
1000 Rio Brazos Rs., Aztec, NM 87410		1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease			
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	ounta i o, itii	. 07 000	STATE	FEE X			
87505			6. State Oil & Ga	s Lease No.			
			FEE				
	TICES AND REPORTS ON WEL		l l	r Unit Agreement Name			
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)			SAN	JUAN 30-6 UNIT			
1. Type of Well: Oil Well	X Gas Well Other		8. Well Number	408S			
2. Name of Operator			9. OGRID Numbe	er			
Hilcorp Energy Company			37217	<u>'1</u>			
3. Address of Operator			10. Pool name or	Wildcat			
382 Road 3100 Aztec, NM 87410			FRC - BASIN	N CB::FRUITLAND COAL			
4. Well Location							
Unit Letter E	Footage 1385' FNL & 980' FWI	L					
Section 16	Township 030N Range	e 006W	RIO ARRIBA COUN	ΓY			
	11. Elevation (Show whether DR, R 6310' GR	RKB, RT, GR, etc.)		indicate the control of the control			
12. CHECK	APPROPRIATE BOX(ES) TO INDIC	ATE NATURE OF NOTI	CE. REPORT OR OT	HER DATA			
NOTICE OF IN	, ,		•				
		¬	SUBSEQUENT		Γ-		
PERFORM REMEDIAL WORK	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WOR	!	ALTERING CASING			
TEMPORARILY ABANDON PULL OR ALTER CASING	MULTIPLE COMPL	COMMENCE DRI		P AND A			
DOWNHOLE COMMINGLE	WIOLTIFEE COIVIFE	CASING/CEIVIEN	1 308				
CLOSED-LOOP SYSTEM							
OTHER:		OTHER: X	Dadaliyanı				
			- Redelivery				
 Describe proposed or complete of starting any proposed work). proposed completion or recomplete 	SEE RULE 19.15.7.14 NMAC.						
This well was re-delivered on 5/25/	2018 and produced natural gas a	and entrained hydroca	arbons.				
	MORE THAN 90 DAYS DUE TO EC	•					
WELL WAS SHOT MY SA	MONE THAT SO BATTO BOE TO EO	ONOMICO. NETOTALE	TOT NODGOTION.				
TD 0	.00		***				
TP : 0 CP :	: 30 Initial MCF: 132			HMOCD			
Meter No.: 120623-01		Gas Co.: ENT					
Proj Type.: REDELIVERY	•			JUN 0 4 2018			
Spud Date: 4/13/2002	Rig Released Da	ate:	0	ISTRICT_III_			
I hereby certify that the information abov	e is true and complete to the best of	my knowledge and belie	f.				
SIGNATURE TAMMY	Dres	TITLE Operation	s/Regulatory Tech	- Sr. DATE 5/31/2018			
Type or print name Tammy Sones	E-mail address:	tajones@hilcorp.co	om	PHONE: 505.324.5185			
ACCEPTED	FOR RECORD						
APPROVED BY:		TITLE		DATE			
Conditions of Approval (if any):	, "	- FV -					