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
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 WELL API NO.

30-045-32978

| 1000 Rio Brazos Rs., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Santa | Santa Fe, NM 87505 | | 5. Indicate Type STATE | | | | |
|---|--------------------------------|--------------------|---------------------|---------------------------|--------------------------------------|---------------------------------------|--|--|
| 87505 | | 6. State Oil & C | Sas Lease No. | | | | | |
| | | | | | 379-2 | | | |
| 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 PROPOSALS.) | | | | HUERFANITO UNIT | | | | |
| 1. Type of Well: Oil Well | X Gas Well | Other | | 8. Well Numbe | r 76E | | | |
| 2. Name of Operator | | | | 9. OGRID Num | 9. OGRID Number | | | |
| Hilcorp Energy Company | | | | 372 | 171 | | | |
| 3. Address of Operator | | | | | 10. Pool name or Wildcat | | | |
| 382 Road 3100 Aztec, NM 87410 | | | | | N::DAKOTA NCO::MESAVERDI | Ξ | | |
| 4. Well Location | | | | <u> </u> | | | | |
| Unit Letter F | Footage 1400' FNL & | 1475' FWL | | | | | | |
| Section 02 | Township 026N | Range | 009W | SAN JUAN COUN | TY | | | |
| Tarres and American | 11. Elevation (Show wheth | her DR, RKB | RT, GR, etc.) | | Za z a jedina i | | | |
| 12. CHEC | K APPROPRIATE BOX(ES) 1 | TO INDICATE | NATURE OF NOTI | ICE, REPORT OR (| OTHER DATA | | | |
| NOTICE OF I | NTENTION TO: | | | SUBSEQUEN | T REPORT OF: | <u>.</u> | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WOR | | ٦ | NG CASING | | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DR | <u> </u> | PAND | <u>_</u> | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | | CASING/CEMEN | IT JOB | ĺ | | | |
| DOWNHOLE COMMINGLE | | | | | _ | | | |
| CLOSED-LOOP SYSTEM | | | | | | | | |
| OTHER: | | | OTHER: X | - Redelivery | | | | |
| Describe proposed or complete of starting any proposed work proposed completion or reco | k). SEE RULE 19.15.7.14 | | | | | nated date | | |
| This well was re-delivered on 5/2 | 1/2018 and produced natu | ıral gas and | entrained hydroca | arbons. | | | | |
| Notes: WELL WAS SHUT IN FC | R MORE THAN 90 DAYS DU | IE TO DOWN | IHOLE ISSUES | | | | | |
| | | | | | | | | |
| | P: 43 Initial MC | CF: 8 | | | NMOCD | un, umang ap y shipped to a | | |
| Meter No.: 85-926-01 Proj Type.: REDELIVERY | | | Gas Co.: ENT | | JUN 07 2018 | | | |
| Spud Date: 4/9/200 | 05 Rig Re | leased Date: | | D | ISTRICT I | · · · · · · · · · · · · · · · · · · · | | |
| I hereby certify that the information ab | ove is true and complete to th | e best of my | knowledge and belie | ef | | | | |
| SIGNATURE JEHUISTUM | ie Brock | | - | ıs/Regulatory Tec | h - Sr. DATE | 6/6/2018 | | |
| Type or print name Christine B | rock E-mail a | address: (| brock@hilcorp.co | m | PHONE: 505. | .324.5155 | | |
| APPROVED BY: AC | D | TITLE _ | | DATE | | | | |
| Conditions of Approval (if any): | | | , A | | | | | |