Submit 3 Copies To Appropriate District Office District I - (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 Revised July 18, 2013		
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 1220 S. St. Francis Dr., Santa Fe, NM			WELL API NO. 30-045-35634 5. Indicate Type of Lease STATE FEE		
87505			6. State Oil & Gas Lease No. FEE		
SUNDRY NOTICES AND REPORTS ON WELLS (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.)			7. Lease Name or Unit Agreement Name ALLISON UNIT COM		
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 138H		
2. Name of Operator			9. OGRID Number		
Hilcorp Energy Company			372171		
3. Address of Operator			10. Pool name or Wildcat		
382 Road 3100 Aztec, NM 87410			FRC - BASIN CB	::FRUITLAND COAL	
4 Well Leastion					
4. Well Location Unit Letter C	Footage 176' FNL & 2615' FWL				
Section 08	Township 032N Range		AN JUAN COUNTY		a sana
	11. Elevation (Show whether DR, RKB 6134' GR	, RT, GR, etc.)			
12. CHECK	K APPROPRIATE BOX(ES) TO INDICATE		E, REPORT OR OTHER	DATA	
NOTICE OF II	NTENTION TO:		SUBSEQUENT REP	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM					
OTHER:		OTHER: X _	First delivery		
of starting any proposed work proposed completion or recon	eted operations. (Clearly state all perti- c). SEE RULE 19.15.7.14 NMAC. Fo mpletion. 3/2018 and produced natural gas and e and has now first delivered in the FC.	r Multiple Completion	ns: Attach wellbore dia		
TP: 0 CI	P: 240 Initial MCF: 2				
Meter No.: 80156-01		Gas Co.: WFC			
Proj Type.: FIRSTDELI	VERY				
Spud Date: 4/23/201	18 Rig Released Date:				
I hereby certify that the information abo	ove is true and complete to the best of my	knowledge and belief.			
SIGNATURE Mandel	1 alter	TITLE Operations/	Regulatory Tech - Sr.	DATE 7/25/2018	
Type or print name Mandi Walk	er E-mail address: r	mwalker@hilcorp.cor	n Pi	HONE: 505.324.5122	
APPROVED BY: O COLOR Conditions of Approval (if any):	ed for Record			DATE	