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 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New M Energy, Minerals and Na OIL CONSERVATIO 1220 South St. Fr Santa Fe, NM	tural Resources N DIVISION rancis Dr.	Form C-103 Revised July 18, 2013 WELL API NO. 30-045-09619 5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No. FEE
SUNDRY N	OTICES AND REPORTS ON WELL	S	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG B CATION FOR PERMIT" (FORM C-101) FOR SU		NELL HALL
PROPOSALS.) 1. Type of Well: Oil Well	X Gas Well Other		8. Well Number 1
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			DK - BASIN::DAKOTA MV - BLANCO::MESAVERDE
4. Well Location			
Unit Letter M	Footage 1000' FSL & 1100' FWL	-	
Section 07	Township 030N Range	011W S	AN JUAN COUNTY
	11. Elevation (Show whether DR, RK	(B, RT, GR, etc.)	
	5614' GR		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:	CHANGE PLANS MULTIPLE COMPL	COMMENCE DRIL CASING/CEMENT	LING OPNS. P AND A
			Redelivery
<ul> <li>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.</li> <li>This well was re-delivered on 8/24/2018 and produced natural gas and entrained hydrocarbons.</li> <li>Notes: WELL WAS RECOMPLETED TO THE MESAVERDE AND DOWNHOLE COMMINGLED WITH EXISTING DAKOTA.</li> </ul>			
<b>TP:</b> 708 <b>C</b>	P: 718 Initial MCF: 514		
Meter No.: 72-946-01	F. /10 Initial MCF. 514	Gas Co.: ENT	N M O C D
Proj Type.: RECOMPL	ETE		SEP 05 2018
Spud Date: 2/20/19		e:	DICTRICT III
			DISTRICT III
I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       TITLE         Operations/Regulatory Tech - Sr.       DATE         9/4/2018			
Type or print name Mandi Wall	ker E-mail address:	mwalker@hilcorp.co	m <b>PHONE:</b> 505.324.5122
ACCEPTED FOR RECORD			
APPROVED BY:		TITLE	DATE
Conditions of Approval (if any):		R	