

Submit 1 Copy 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 Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

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

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.)		WELL API NO. 30-039-31368
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LOGOS Operating, LLC		6. State Oil & Gas Lease No. NMNM 136672
3. Address of Operator 2010 Afton Place, Farmington NM 87401		7. Lease Name or Unit Agreement Name Trinity 2307 07P Com
4. Well Location Unit Letter <u>P</u> : <u>1288</u> feet from the <u>FSL</u> line and <u>337</u> feet from the <u>FEL</u> line Section <u>07</u> Township <u>23N</u> Range <u>7W</u> NMPM County <u>Rio Arriba</u>		8. Well Number <u>003H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 7268		9. OGRID Number 289408
		10. Pool name or Wildcat Basin Mancos; Lybrook Gallup

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Inter-well Communication <input checked="" type="checkbox"/>	

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.

LOGOS Operating conducted stimulation on the following well:

Start date: 11/25/18

End date: 12/10/18

Type: Fracture Treatment

Volume Average: Nitrogen - 94,796,457 (scf), Sand - 12,026,917 (lbs), Fluid - 2,536,175 (gals)

Results of any investigation conducted: n/a

Attached: Spreadsheet with affected wells from Enduring Resources, LLC due to stimulation activity.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Marie E. Florez TITLE Regulatory Specialist DATE 12/3/2019

Type or print name Marie E. Florez E-mail address: mflorez@logosresourcesllc.com PHONE: 505-787-2218

For State Use Only ACCEPTED FOR RECORD

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Affected Wells

Well Name	API number	Formation	Operator	Date Affected	Type Communication	Volume of Communication	Highest PSI Observed	Standard Operating PSI	Results of Communication	Results of any Investigation Conducted
Chaco 2308 11A 407H	30-045-35564	Basin Mancos	Enduring Resources, LLC	11/30/2018	increase in pressure	n/a	n/a	n/a	n/a	n/a
Chaco 2308 11A 408H	30-045-35563	Basin Mancos	Enduring Resources, LLC	11/30/2018	increase in pressure	n/a	n/a	n/a	n/a	n/a
Stimulated Well: Trinity 2307 07P Com 003H										