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

Form C-103

Revised July 18, 2013

District I - (575) 393-6161 District I - (5/5) 393-5161 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178

**OIL CONSERVATION DIVISION** 1220 South St. Francis Dr.

WELL API NO.

30-045-34689

000 Rio Brazos Rs., Aztec, NM 87410 District IV - (505) 476-3460 220 S. St. Francis Dr., Santa Fe, NM 07505			5. Indicate Type of Lease  STATE FEE X  6. State Oil & Gas Lease No.			
			FEE			
SUNDRY NO (DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)		7. Lease Name or Unit Agreement Name  MASDEN SELBY				
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 2F	8. Well Number 2R		
2. Name of Operator			9. OGRID Number			
Hilcorp Energy Company			372171			
3. Address of Operator			10. Pool name or W	10. Pool name or Wildcat		
382 Road 3100 Aztec, NM 87410			PC - AZTEC::P	ICTURED CLIFFS		
4. Well Location						
Unit Letter G	Footage 1530' FNL & 1835	5' FWL				
Section 28	Township 029N R	ange 011W	SAN JUAN COUNTY			
	11. Elevation (Show whether D	R, RKB, RT, GR, etc.)				
12. CHEC	K APPROPRIATE BOX(ES) TO IN	IDICATE NATURE OF N	OTICE, REPORT OR OTHE	ER DATA		
NOTICE OF INTENTION TO:			SUBSEQUENT R	EPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL W		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		DRILLING OPNS.	P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEN	MENT JOB			
DOWNHOLE COMMINGLE						
CLOSED-LOOP SYSTEM						
OTHER:		OTHER: X	- Redelivery			
Describe proposed or complet of starting any proposed work proposed completion or recompletion or recompletion.	(). SEE RULE 19.15.7.14 NMA		nd give pertinent dates, ir			
This well was re-delivered on 11/	20/2019 and produced natural	gas and entrained hyd	drocarbons.			
Notes:						
TP: 0 C	P: 61 Initial MCF:	6.14	-	NMOCD		
Meter No.: 88731		Gas Co.: EN	NT	NOV 25 2019		
Proj Type.: REDELIVE	RY					
Spud Date: 10/10/20	Rig Release	ed Date:		DISTRICT III	MANUAL STREET	
I hereby certify that the information ab	ove is true and complete to the be	st of my knowledge and b	pelief.			
SIGNATURE Wylene	Weston	TITLE Operat	tions/Regulatory Tech - S	Or. <b>DATE</b> 11/21/2019		
Type or print name Cheryl Wes	ston E-mail addre	ess: cweston@hilcon	rp.com	<b>PHONE:</b> 505.564.0779		
APPROVED BY: Occopie Conditions of Approval (if any):	d for record	TITLE		DATE		