

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  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-23894 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Injection well		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓
2. Name of Operator SOGO III LLC ✓		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 210, Midland, TX 79702		7. Lease Name or Unit Agreement Name SFPRR ✓
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>27</u> Township <u>9S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>12</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3964'		9. OGRID Number <u>309220</u> ✓
		10. Pool name or Wildcat Sawyer; San Andres, West ✓

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

**NOTICE OF INTENTION TO:**  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Pressure Test ☒

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.

Pressure test failed 3/28/16. Well shut-in. Plans to repair the well.

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 Tammy Kennedy TITLE: Regulatory Administrator DATE: 4/12/2016

Type or print name Tammy Kennedy E-mail address: tkennedy@stanolind.com PHONE: 432-640-0033

**For State Use Only**

**Accepted for Record Only**

APPROVED BY: MSB TITLE: 4/19/2016 DATE: APR 21 2016

Conditions of Approval (if any):