

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

<p>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.)</p>		<p>WELL API NO. 30-025-04150</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator RICE OPERATING COMPANY</p>		<p>6. State Oil & Gas Lease No. SWD-062</p>
<p>3. Address of Operator 122 W TAYLOR, HOBBS, NM 88240</p>		<p>7. Lease Name or Unit Agreement Name E M E SWD</p>
<p>4. Well Location Unit Letter I : 2310 feet from the SOUTH line and 660 feet from the EAST line Section 1 Township 20S Range 36E NMPM LEA County</p>		<p>8. Well Number 001</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3577 DF</p>		<p>9. OGRID Number 19174</p>
		<p>10. Pool name or Wildcat SWD; SAN ANDRES.</p>

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: MIT ☒

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.

HOBBS OCD

MAR 28 2014

RECEIVED

Summit Chart

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 Israel Juarez TITLE Foreman DATE 3-6-14

Type or print name Israel Juarez E-mail address: ijuarez@riceswd.com PHONE: 575-631-0959

APPROVED BY: Bill Sanamake TITLE Staff Manager DATE 3-28-14

Conditions of Approval (if any):

MAR 31 2014

