

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

*Amended\** Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-44229
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Azalea 26 36 28 State
8. Well Number 121Y
9. OGRID Number 372224
10. Pool name or Wildcat WC-025 G-09 S263619C; UPR Wolfcamp

**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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator  
Ameredev Operating, LLC

3. Address of Operator  
5707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735

4. Well Location  
Unit Letter D : 231 feet from the North line and 240 feet from the West line  
Section 28 Township 26S Range 36E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
2918' GL

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

2/2/18 - Cement 5 1/2" casing with. 60 bbls. Mud push spacer. Followed by 2,555 sx. (578 bbls.) 50/50 P/H+5%PF44 (BWOW), (Salt), + 2% PF20 (Bentonite Gelo+0.5% PF606 (Fluid Loss) +0.2% PF013 (Retarder). Mixed at 14.4 # 1.25 Yield. Displaced with 290 bbls. 10# Brine + 142 bbls. of fresh water. Bumped plug with 2,700 psi took up to 3,200 psi. Float held bled back 3.5 bbls.

\* TOC-8950'

Spud Date:

11/30/17

Rig Release Date:

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

SIGNATURE

TITLE Operations Supervisor

DATE 2/2/18

Type or print name Zachary Boyd

E-mail address: zboyd@ameredev.com

PHONE: 737-300-4700

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (If any):