| Office (1-1973)-293-614   Energy, Minerals and Natural Resources (1973) Review (1973)  | Submit 1 Copy To Appropriate District   | State of New Mexico                   |                      | Form C-103                         |         |  |
|--|---|---------------------------------------|----------------------|------------------------------------|---------|--|
| International Content   Inte   | Office<br>District I – (575) 393-6161   |                                       |                      |                                    |         |  |
| Site St., Arteis, NM 88210   Distinct   Cosp. 334-478   Distinct   Cosp. 47-400   Distinct   Dist   | 1625 N. French Dr., Hobbs, NM 88240   | N. French Dr., Hobbs, NM 88240        |                      |                                    |         |  |
| District III - (99) 314-178   Santa Fe, NM 87505    |   | OIL CONSERVATION DIV                  |                      |                                    |         |  |
| Santa Fe, NM 87505   Satis Oil & Cost Lesse No.  | District III (505) 334-6178   | 1220 South St. Francis Dr.            |                      |                                    |         |  |
| 12.0 S. S. Francis Dr., Sasta Fe, NMS   P3795  |   | Santa Fe, NM 87505                    | -                    |                                    |         |  |
| CONDITUSE THIS TORM FOR PROPOSALS TO DRIVE OR PLUE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.  1. Type of Well: Oil Well Gas Well Other 9. OGRID Number 12514    2. Name of Operator Ameredev Operators, LLC 3. Address of Operator 10. Pool name or Wildcat Jal / Wolfcamp 1370 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735    4. Well Location Unit Letter 0. 200 feet from the South line and 2270 feet from the East line Section 31 Township 25S Range 36E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3014' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUS AND ABANDON CHANGE PLANS    12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERMORARITY ABANDON CHANGE PLANS    12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERMORARITY ABANDON CHANGE PLANS    12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERMORARITY ABANDON CHANGE PLANS    12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE ORIHING PRISE    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.  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.  14. Final address: 2boyd@ameredev.com PHONE: 237-300-4700 For State Use Only   | 1220 S. St. Francis Dr., Santa Fe, NM   |                                       |                      |                                    |         |  |
| CONTUSE THIS FORM FOR PROPOSALS 370 DRILL OR TO DEEPEN OR PLUC BACK TO A DIFFERENT RESERVOIS. USS "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)   |   |                                       |                      | 7. Lease Name or Unit Agreeme      | nt Name |  |
| 1. Type of Well: Oil Well   Gas Well   Other   S. Well Number 129H   | (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 |                                       |                      |                                    |         |  |
| 2. Name of Operator Ameredev Operator Ameredev Operator 3. Address of Operator 3707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735  4. Well Location Unit Letter O : 200  |   |                                       |                      | 8. Well Number 125H                |         |  |
| 3. Address of Operator 5707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735  4. Well Location Unit Letter O : 200  |   |                                       |                      | 9. OGRID Number 372224             |         |  |
| S707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735   Jal / Wolfcamp  |   | <del></del>                           |                      | <del></del>                        |         |  |
| 4. Well Location   Unit Letter   O   : 200   feet from the   South   line and   2270   feet from the   East   line   Section   31   Township 25S   Range 36E   NMPM   Lea   County   |   | 1 Suite 275 Augstin TV 79725          |                      |                                    |         |  |
| Unit Letter O : 200 feet from the South line and 2270 feet from the East line Section 31 Township 25S Range 36E NMPM Lea County    11. Elevation (Show whether DR, RKB, RT, GR, etc.)   11. Elevation (Show whether DR, RKB, RT, GR, etc.)   3014' GR  |   | 1, Suite 273 Austin, 1X 78733         |                      | Jai / Wolicamp                     |         |  |
| Section 31   Township 25S   Range 36E   NMPM   Lea   County  |   | 200 fact from the South               | line and 222         | In fact from the Fact              | lina    |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND BANNDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING ONS.   PAND A   PAND A    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   PAND A    DOWNHOLE COMMINGLE   CASING/CEMENT JOB   DOWNHOLE COMMENCE OF CASING/CEMENT JOB   TOTHER: COMPLETION   SIGNATURE   COMPLETION   SIGNATURE   CASING PAND A   PAND A    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.  Intent to Flow Test Nandina Fed Com 25-36-31 125H (Start Date 5-18-2019 – End Date 8-18-2019)  Spud Date: 2/3/2018 Rig Release Date: 3/10/2018  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE TITLE Operations Supervisor DATE 5/17/2019  Type or print name Accept Park or Record Only  APPROVED BY: TITLE DATE  |   |                                       |                      |                                    |         |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data    NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:  | Section 31  |                                       |                      | NiviPivi Lea Count                 | /       |  |
| NOTICE OF INTENTION TO:    SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: COMPLETION   CASING/CEMENT JOB   OTHER: COMPLETION   CASING/CEMENT JOB   CASING/CEMENT JOB   OTHER: COMPLETION   CASING/CEMENT JOB   OTHER: CASING/CEMENT JOB   OTHER: COMPLETION JOB   OTHER: CASING/CEMENT JOB   OTHER: CASING |   |                                       | and, 111, 011, e1c.) |                                    |         |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS  PAND A  PAND A  PAND A  COMMENCE COMMENCE COMMENCE DRILLING OPNS  PAND A  COMMENCE COMMENCE COMMENCE DRILLING OPNS  PAND A  OTHER: COMMENCE COMMENCE COMMENCE COMMENCE COMMENCE DRILLING OPNS  OTHER: COMPLETION  OTHER: COMPLETION  OTHER: COMPLETION  OTHER: COMPLETION  TOTHER: COMPLETION  OTHER: C |   |                                       |                      |                                    |         |  |
| TEMPORARILY ABANDON  |   |                                       |                      |                                    | SING [] |  |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: COMPLETION OTHER:  |   |                                       |                      |                                    | _       |  |
| OTHER: COMPLETION  IS 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.  Intent to Flow Test Nandina Fed Com 25-36-31 125H (Start Date 5-18-2019 – End Date 8-18-2019)  Spud Date:  2/3/2018  Rig Release Date:  3/10/2018  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Operations Supervisor  DATE 5/17/2019  Type or print name  Action Phone: 737-300-4700  For State Use Only  APPROVED BY:  TITLE  DATE   | <del></del>   | 1                                     |                      | _                                  |         |  |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Operations Supervisor  DATE 5/17/2019  Type or print name Acchary Boyd Permail address: zboyd@ameredev.com PHONE: 737-300-4700  For State Use Only  APPROVED BY:  DATE  | Snud Date: 2/3/2018   | Rig Release Date                      | e. 3/10/2018         | ľ                                  |         |  |
| TITLE Operations Supervisor DATE 5/17/2019  Type or print name For State Use Only  APPROVED BY: TITLE DATE DATE  TITLE Operations Supervisor DATE 5/17/2019  PHONE: 737-300-4700  DATE DATE  | Spud Date. 23/2016  | Alg Notesse Date                      | ·                    | <u> </u>                           |         |  |
| TITLE Operations Supervisor DATE 5/17/2019  Type or print name For State Use Only  APPROVED BY: TITLE DATE DATE  TITLE Operations Supervisor DATE 5/17/2019  PHONE: 737-300-4700  DATE DATE  |   | •                                     | •                    |                                    |         |  |
| Type or print name Accepted for Record Only  E-mail address: zboyd@ameredev.com PHONE: 737-300-4700  APPROVED BY:  | I hereby certify that the information a   | bove is true and complete to the best | of my knowledge a    | and belief.                        |         |  |
| Type or print name Accepted for Record Only  E-mail address: zboyd@ameredev.com PHONE: 737-300-4700  APPROVED BY:  |   | •                                     |                      |                                    |         |  |
| Type or print name Accepted for Record Only  E-mail address: zboyd@ameredev.com PHONE: 737-300-4700  APPROVED BY:  | SIGNATURE   | TITLE Occupion                        | Ci                   | DATE 6/17/0010                     |         |  |
| APPROVED BY: DATE  | SIGNATURE Uperations Supervisor DATE 3/1//2019  |                                       |                      |                                    |         |  |
| APPROVED BY: DATE  | Type or print name Zachary Royd   | E-mail address: zbo                   | yd@ameredey.com      | PHONE: <u>737-300-4700</u>         |         |  |
|  | For State Use Only  | or <del>Record Only</del>             |                      | <del></del>                        |         |  |
|  | ADDROLLID DV  | mini P                                |                      | T) A TPT:                          |         |  |
|  |   | IIIE                                  |                      | DATE                               |         |  |