State of New Mex		Form C-103
District 1 – (575) 393-6161 <b>HOBBS OCD</b> ergy, Minerals and Natura	al Resources F	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	WELL API NO. 30-025-05255	
811 S. First St., Artesia, NM 88210MAR 0 4 2013 L CONSERVATION I	DIVISION 5 Indicate Type of Le	ase
1220 SOUII St. Flanc	STATE X	FEE
District IV — (505) 476-3460 Santa Fe, INIVI 875 1220 S. St. Francis Dr., Santa Fe, INIVI 875	6. State Oil & Gas Lea B-8944	ise No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR		: Agreement Name
PROPOSALS.)	8. Well Number#10	
1. Type of Well: Oil Well x Gas Well Other		
2. Name of Operator Vanguard Permian LLC	9. OGRID Number <b>25</b> R <b>3.5</b> %	0
3. Address of Operator 1209 south Main Lovington, NM 88260	10. Pool name or Wild Denton Devonion	lcat
4. Well Location		
Unit Letter A: 984 feet from the NORTH line and 980 980 feet from the		
	Range 37E NMPM L	EA County
Section 2 Township 13.5		EA County
	(372.07)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
		ERING CASING
	*****	ND A
	CASING/CEMENT JOB	
DOWNHOLE COMMINGLE		
OTHER: Return-well to active status  □X	OTHER:	
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.		
proposed completion of recompletion.		
1. MIRU RIH with scrapper dn to 6000'.		
2. RIH with ESP dn to 6000'.		
<ol> <li>Start pumping to Mexico F tank battery.</li> <li>Pumping Flenburger perfs from 12500-12574?</li> </ol>		
Devonion		
Spud Date: Rig Release		
t hereby certify that the information above is true and complete to the best of my knowledge and belief.		
, were experienced and the model of the first and complete to the field	wormy knowledge and belief,	
		hanning the same and the same same same same same same same sam
S-11/1/	A a comment	11
SIGNATURE MANY TITLE TRA	DATE_	<u> 3/1203                                     </u>
Type or print name M. Re Seves E-mail address:	MPACSCEVARALS PHONE	: <u>39/14//</u>
For State Use Only	i L	_ /
APPROVED BY TITLE	134 MAL DATE	5-4-6013
OCD Condition of Approval:		
After remedial work has been done. Forms required are:		
C-103 Subsequent Report with dates and the work that was done, and C-104 with transporter(s), perfs producing from, tubing size and depth		MAR 0 4 2013
& 24 hour production test.		MAK U & ABIO