Office <u>District I</u> – (57 1625 N. Frencl	h Dr., Hobbs, NM 8824(HOBBS OCD Min	e of New Me erals and Natu	exico ral Resources	Form C-103 Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 NOV 1 8 2013 CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 NOV 1 8 2013 CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr. 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Constant St. St. St. St. St. St. St. St. St. St				30-025-41347 5. Indicate Type of Lease STATE FEE	
$\frac{District IV}{1220 \text{ S. St. Francis Dr., Santa Fe, NM}} = \frac{RECEIVED}{RECEIVED}$ Santa Fe, NM 87505					6. State Oil & Gas Lease No. VB-2136, VB-2137
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.)					7. Lease Name or Unit Agreement Name Merchant Livestock 24 State Com
1. Type of Well: Oil Well 🖾 Gas Well 🔲 Other					8. Well Number 2H
2. Name of Operator GMT Exploration Company LLC					9. OGRID Number 260511
3. Address of Operator					10. Pool name or Wildcat
1560 Broadway Suite 2000					Ojo Chiso, Bone Spring South
4. Well Loo					
	it Letter_N:				
Sec	ction 24	Township	22S Range	34E NMPM	
States.		3476' GR	ow whether DR,	, KKD, KI, OK, ER	1
,					
	12. Cheo	ck Appropriate Box	to Indicate N	ature of Notice,	, Report or Other Data
	NOTICE OF	INTENTION TO:		SUE	SEQUENT REPORT OF:
PERFORM	REMEDIAL WORK	PLUG AND ABAN	NDON	REMEDIAL WOF	
— — — — — — — — — — — — — — — — — — — —					
			אר 🗌	CASING/CEMEN	IT JOB
OTHER:	OOP SYSTEM			OTHER:	
13. Des				pertinent details, ar	nd give pertinent dates, including estimated date
	tarting any proposed posed completion or		.15.7.14 NMAC	C. For Multiple Co	ompletions: Attach wellbore diagram of
					We will begin this work on or around te casing will be set at 4950'.
Hole Size	Casing Size	Casing Weight/Ft	Grade	Amount	
11"	8 5/8"	32	J-55	4000'	
11"	8 5/8"	32	HCK-55	1325'	
7.875"	5 1/2"	20	P-110	15,953'	
	·				
Spud Date:	November	r 1/4, 2013	•Rig Release Da	ate: TBI	
I hereby certi			mplete to the be	est of my knowleds	ge and belief.
	ify that the informat	tion above is true and co			
C	ify that the informat	tion above is true and co	-		u list -
ſ	ify that the informat	tion above is true and co	-		u list -
SIGNATUR	MAN	tion above is true and co	TITLE	ec Asst	- DATE 11/15/13
SIGNATUR Type or print	name Marie	ssc Walters	TITLE	ec Asst	DATEAATEDATEAATEAATE
SIGNATUR	name Marie	55 Walter	TITLE	LC A557 s: mwalters@gmt	DATEAATEDATEAATEAATE
SIGNATUR Type or print For State Us	name Manie	55 Walters	TITLE E-mail address Pe	ec Asst	
SIGNATUR Type or print For State Us APPROVED	name Manie	55 Walters	TITLE	LC A557 s: mwalters@gmt	DATEAATEDATEAATEAATE

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