

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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-05369
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Vanguard Permian, LLC		6. State Oil & Gas Lease No. 306822
3. Address of Operator 5847 San Felipe, Suite 3000 Houston, Tx 77057		7. Lease Name or Unit Agreement Name ABO SWD
4. Well Location Unit Letter <u>F</u> : <u>2310'</u> feet from the <u>N</u> line and 2626' feet from the <u>W</u> line Section <u>31</u> Township <u>16S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>31</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR - 3839'		9. OGRID Number 25835
		10. Pool name or Wildcat Eunice; San Andres, Southwest

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Location Remediation <input checked="" 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.

1/7/2015

Removed plastic liner from berm area and leveled berm to natural contour.

Marker corrected as requested in Violation Letter dated 4-Dec-2014.

Location ready for final inspection.

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 Randall H. Hicks TITLE Sen Ops. Eng DATE 1/9/2015

Type or print name RANDALL Hicks E-mail address: rhicks@vnrllc.com PHONE: 832-377-2207  
For State Use Only

APPROVED BY: Shah Whistler TITLE Compliance Officer DATE 1/20/2015

Conditions of Approval (if any):

HOBBSCOCD  
JAN 20 2015  
RECEIVED

HOBBSCOCD  
JAN 20 2015  
RECEIVED

JAN 26 2015