Sabell Clogy To Appropriate Direct Order       State of New Mexico       Form C-103         Description       Revised July 18, 201       Revised July 18, 201         Description       State of New Mexico       Revised July 18, 201         Description       State of New Mexico       Revised July 18, 201         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         Description       State of New Mexico       State of New Mexico         State of New Mexico       State of New Mexico       State of New Mexico         Description       State of New Mexico       New Mexico       State of New Mexico         Description       State of New Mexico       New Mexico       State of New Mexico         Description       State of New Mexico       New Mexico <th></th> <th></th> <th></th>			
Date::::::::::::::::::::::::::::::::::::		State of New Mexico	Form C-103
Date::::::::::::::::::::::::::::::::::::		Energy, Minerals and Natural Resour	ces Revised July 18, 2013
Bit S First S, Adrea, NM S210       Dif CONSERVATION DIFUSION       Image: Construction of the co	1625 N. French Dr., Hobbs, NM 88240		HOBBS OWELL API NO.
1000 Reprove dat, Aree, NM 87410 Direct IV. * (50) From 564 2003. Starta Fe, NM 87505 2003. Strands Te, Sama Er, NM 87505 2004. Strands Te, Sama Er, NM 87505 2005. Strands Te, Sama Er, SM 87505 2005. Strands Te, Sama Er, Sam			
District 7-009 xF0-3400       Santa Fe, NM 87505       6. State Oll & Gas Lease No.         2020 S. Francis D., Suar Fe, NM       RECEIVED         SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name         SFRR       9. OGRID Number 309220         S. Name of Operator       9. OGRID Number 309220         S. Address of Operator       9. OGRID Number 309220         S. Address of Operator       9. OGRID Number 309220         S. Address of Operator       10. Pool name or Wildeat         SWD: San Andres       11. Elevation CNow whether DR, RKB, RT, GR, etc.)         K. Well Location       0         Unit Letter       21         The Horn Nork       ALTERING CASING         DO NOT USE THE PORTOR       660 feet from theS line and1980 feet from theE line         Section       27       Township 98         REMEDIAL WORK       PLUE AND ABAADON  _         It. Elevation CNow whether DR, RKB, RT, GR, etc.)       KB 3976''         Lizenco CARING RAMEDIAL WORK       PLUE AND ABAADON  _         COMMENCE COF INTENTION TO:       REMEDIAL WORK       ALTERING CASING  _         DUNNOI LE COF MARKED AND ABAADON  _       CASING/CEMENT JOB  _       COMMENCE CORILLING OPARS, PAND A         CONMENCE COMINGLE       OTHER:       Pressure Test       A <td>District III - (505) 334-6178</td> <td>1220 South St. Francis Dr. D</td> <td>EC 2 4 2019 STATE FEE</td>	District III - (505) 334-6178	1220 South St. Francis Dr. D	EC 2 4 2019 STATE FEE
1200 S. S. Famis Dr., Same Ir, NM       PECEIVED         SUNDRY NOTICES AND REPORTS ON WELLS (DNOT USE TIRK COME TO ROAD AS TO DELL OR TO DEFENS ON R LUG BACK TO A BEOROALS)       7. Lease Name or Unit Agreement Name SFRRR         1. Type of Well Oil Well Gas Well O ther SWD well       8. Well Number 21         2. Name of Operator SOGOI ILLC       9. OGRID Number 309220         3. Address of Operator POROSALS)       9. Deal and or Wildeat         3. Address of Operator POL OB 2010, Midland, TX 19702       10. Pool name or Wildeat         4. Well Location Unit Letter		Santa Fe, NM 87505	
3/202       SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name         CON ONT USE TRISOMOR (NORMALS TO DELLY OR TO DEEPSENG RELIG BACK TO A       8. Well Number 21         DEFERENT RESERVOR. USE 'APPLICATION FOR PERMIT' (FORM C-101) FOR SUCH       8. Well Number 309220         SOGO III LC       ✓       9. OGRID Number 309220         Soco III LC       ✓       9. OGRID Number 309220         Unit Letter DF	1220 S. St. Francis Dr., Santa Fe, NM		RECEIVED
(D) NOT USE THIS FORM TOOR PROCESALS TO DRILL OR TO DEPERSON RUGS CARACK TO A DEPERSIENT RESERVOL. USE APPLICATION FOR PROFILEMENT (FORM CIDINOR SUCH PROFORMALS)       S. Well Number 21         1. Type of Well: Oil Well       Gas Well () Other SWD well       8. Well Number 309220         3. Address of Operator       9. OGRID Number 309220         3. Address of Operator       10. Pool name or Wildoat         9. OB DR 210, Midland, TX 79702       10. Pool name or Wildoat         4. Well Location       0         11. Elevation ( <i>Chow whether DR, RKB, RT, GR, etc.</i> )       SWD: San Andres         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO: BERFORM REMEDIAL WORK         PLUG RAITER CASING       MULTIPLE COMPL         DOWNHOLE COMMINULE       OTHER:         DOWNHOLE COMMINULE       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.         Kig Release Date:         wight Date:       Rig Release Date:         Wight Date:       Rig Release Date:         Secore from the information above is true and complete to the best of my knowledge and belief.         Secore from the information above			
1. Type of Well: Oil Well       Gas Well & Other SWD well       8. Well Sumber 21         9. Objection:       9. OGRID Number 309220         SOGO III LLC       9. OogRID Number 309220         3. Address of Operator       10. Pool name or Wildeat         P.O. Box 210, Midland, TX 79702       10. Pool name or Wildeat         4. Well Location       0         Unit Letter, P       .660 _feet from the _S	(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	A SFPRR
2. Name of Operator 9. OGRID Number 309220 3. Address of Operator P.O. Box 210, Midland, TX 79702 4. Well Location 9. Unit Letter_P		as Well 🛛 Other SWD well	8. Well Number 21
P.O. Box 210, Midland, TX 79702       SWD: San Andres         4. Well Location       0       Unit Letter Display in the section       SwD: San Andres         4. Well Location       0       Internet Section       SwD: San Andres         4. Well Location       0       Internet Section       SwD: San Andres         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       KB 3976"       NMPM       County Lea         NOTCE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       PAND A         DOWNHOLE COMMINGLE       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       PAND A       CASING/CEMENT JOB         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.         Attach wellbore diagram of proposed completion above is true and complete to the best of my knowledge and belief.         Lipud Date:       Rig Release Date:       MITLE         Hereby certify that the information above is true and complete to the best of my knowledge and belief.       Mitach Mathematical Section 2003         Yee or print name_Tammy Kemedy       E-mail address: kennedy@stanolind.com       PHONE: 432-640-0033         Yee or print	2. Name of Operator	/	
4. Well Location       0       Unit Letter       9       660       feet from the			
Unit Letter			SWD: San Andres
Section       27       Township       98       Range       37E       NMPM       County Lea         11. Elevation (Show whether DR, RKB, RT, GR, etc.) KB 3976"       11. Elevation (Show whether DR, RKB, RT, GR, etc.) KB 3976"       County Lea         NOTICE OF INTENTION TO: BERFORM REMEDIAL WORK       PLUG AND ABANDON       SUBSEQUENT REPORT OF: COMMENCE DRILLING OPNS.         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CHANGE PLANS       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       P AND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       P AND A         COMBENCE COMMINGLE       OTHER:       Pressure Test       M         CONSOLOOP SYSTEM       OTHER:       Pressure Test       M         OTHER:       Pressure Test       M       I of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         an pressure test 12/01/15. Witnessed by George Bower. Bradenhead Test Report and chart attached.         MIDAL       MILE Regulatory Administrator       DATE: 12/14/2015         Ype or print name_Tammy Kennedy       E-mail address: tkennedy@stanolind.com       PHONE: 432-640-0033         Or State USe Only       MIDAL       State USe Only       DATE: 1/5/1/L </td <td>0</td> <td></td> <td></td>	0		
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NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       ALTERING CASING         TEMPORARLY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND A         DULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       COMMENCE DRILLING OPNS.       P AND A         DOWNHOLE COMMINGLE       MULTIPLE COMPL       CASING/CEMENT JOB       COMMENCE DRILLING OPNS.       P AND A         DOWNHOLE COMMINGLE       MULTIPLE COMPL       OTHER:       Pressure Test       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       OTHER:       Pressure Test       CASING/CEMENT JOB         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.         an pressure test 12/01/15. Witnessed by George Bower. Bradenhead Test Report and chart attached.         Multiple Certify that the information above is true and complete to the best of my knowledge and belief.       DK         IGNATURE       WINNY       TITLE: Regulatory Administrator       DATE: 12/14/2015         Ype or print name_Tammy Kennedy       E-mail address: tkennedy@stanolind.com       PHONE: 432-640-0033         or State Use Only       MINNY       TITLE       Stuff Winnog AD A		KB 3970	
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hereby certify that the information above is true and complete to the best of my knowledge and belief. IGNATURE JUMMY Chycedy TITLE: Regulatory Administrator DATE: 12/14/2015 Type or print name Tammy Kennedy E-mail address: tkennedy@stanolind.com PHONE: 432-640-0033 For State Use Only APPROVED BY: Biddename TITLE Stuff Manager DATE 1/5/1/6			
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IGNATURE Junny Kennedy TITLE: Regulatory Administrator DATE: 12/14/2015 ype or print name Tammy Kennedy E-mail address: <u>tkennedy@stanolind.com</u> PHONE: 432-640-0033 <u>for State Use Only</u> APPROVED BY: Biggemannah TITLE Stuff Manogo DATE 1/5/1/6	N		and the second
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Type or print name_Tammy Kennedy E-mail address: <u>tkennedy@stanolind.com</u> PHONE: 432-640-0033 For State Use Only APPROVED BY: Biggemannah TITLE Staff Manager DATE 1/5/1/6	IGNATURE () Minna, )(	Phood TITLE Regulatory Admin	nistrator DATE: 12/14/2015
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Conditions of Approval (if any):	ype or print name _Tammy Kennedy	E-mail address: tkennedy@stanolind	l.com PHONE: 432-640-0033
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