Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-44471
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO CD			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-IMFO SUCH PROPOSALS.)		RED BUD 25 36 32 STATE COM	
1. Type of Well: Oil Well	Gas Well Other	MAY 3 1 2018	8. Well Number 115H
2. Name of Operator			9. OGRID Number
AMERDEV OPERATING, LLC		RECEIVED	372224
3. Address of Operator 5707 SOUTHWEST PKWY. BLI	G 1 STE 275 AUSTIN TX 7	8735	10. Pool name or Wildcat JAL; WOLFCAMP, WEST
4. Well Location			
Unit Letter O: 200 feet from the SOUTH line and 2290 feet from the EAST line			
Section 32	Township 25S	Range 36E	NMPM County LEA
Beetion 32	11. Elevation (Show whether		
3003'6L			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐			
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ P AND A ☐			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM □	_		_
OTHER:		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.			
Notice of spud date: 5/24/18			
Spud Date: 5/24/18	Rig	Release	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the information above is true and complete to the best of my knowledge and benefit.			
7 21 10			
SIGNATURE			
Time on min Come of Calley South			
Type or print name ZACHARY BOYD E-mail address: Zboyd @ ameredev. com PHONE: 737. 300.4700 For State Use Only			
the same of the sa			
Conditions of Approval (If any):			