| Submit 1 Copy To Appropriate District   |   | ict   | State of New Mexico                          |  |               |                  | Form C-103   |  |
|---|---|---|--|--|---------------|------------------|--|--|
| Office<br><u>District I</u> – (575) 393-6161  |   |   | Energy, Minerals and Natural Resources       |  |               |                  | Revised July 18, 2013                                    |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283   |   |   |  |  |               |                  | WELL API NO.<br>30-025-36224                             |  |
| 811 S. First St   | L, Artesia, NM 88210                                    |   | OIL CONSERVATION DIVISION                    |  |               |                  | 5. Indicate Type of Lease                                |  |
|   | 505) 334-6178<br>zos Rd., Aztec, NM 874                 | 110   | 1220 South St. Francis Dr.                   |  |               |                  | STATE FEE  |  |
| <u>District IV</u> (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |   | 1   | Santa Fe, NM 87505                           |  |               |                  | 6. State Oil & Gas Lease No.<br>303992                   |  |
|   | E THIS FORM FOR PERESERVOIR. USE "A                     | NOTICES AND I<br>ROPOSALS TO DRI<br>APPLICATION FOR | REPORTS ON<br>LL OR TO DEEP<br>PERMIT" (FORM | ORTS ON WELLS R TO DEEPEN OR PLUG BACK COMMIT" (FORM COMMIT" (FORM COMMIT) |               |                  | 7. Lease Name or Unit Agreement Name<br>Heyward 32 State |  |
|   |   |   | Gas Well Other                               |  |               | 8. Well Numl     | 8. Well Number 1   |  |
| 2. Name of Operator CML Exploration, LLC  |   |   | JUL 0 7 2020                                 |  |               | 9. OGRID N       | 9. OGRID Number 256512                                   |  |
| 3. Address of Operator  |   |   | RECEIVED                                     |  |               | 10. Pool nam     | 10. Pool name or Wildcat                                 |  |
| P.O. Box 890, Snyder, Texas 79550   |   |   | KECLIT                                       |  |               | WC 025 C         | WC 025 G03S173432L; Paddock                              |  |
| 4. Well Location  |   |   |  |  |               |                  |  |  |
| Ur  | nit Letter_L:   |   |  | _ line and   | l1200fe       | et from theWe    | estline  |  |
| Se  | ction 32  | Townshi   |  | Range  |               | NMPM Lea         | County   |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |   |  |  |               |                  |  |  |
| 4075' GL  |   |   |  |  |               |                  |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |   |   |  |  |               |                  |  |  |
|   | NOTICE OF   | F INTENTION   | N TO:  | 1  | SU            | BSEQUENT I       | REPORT OF:   |  |
| PERFORM   | PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WOR |   |  |  |               |                  | <b>-</b>   |  |
|   |   |   |  |  |               | RILLING OPNS.    | <del></del>  |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN  |   |   |  |  | NT JOB        |                  |  |  |
| DOWNHOLE COMMINGLE  |   |   |  |  |               |                  |  |  |
| CLOSED-LOOP SYSTEM  |   |   |  |  |               |                  | П  |  |
| 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.   |   |   |  |  |               |                  |  |  |
| Drawage when and abandon proceedures as follows having in Table 2020:   |   |   |  |  |               |                  |  |  |
| Propose plug and abandon procedures as follows beginning July 2020:  Circulate hole w/ 9.5 ppg mud laden fluid. Use all Class "C" cement as shown below   |   |   |  |  |               |                  |  |  |
| Plug # 1 — Set CIBP @ 6050' + 25 sx cement on top.  |   |   |  |  |               |                  |  |  |
| Plug # 2 - Spot 45 sx cement 4893 - 4493' (9 5/8" casing shoe), WOC & Tag   |   |   |  |  |               |                  |  |  |
|   | Cut and pull ± 4000' of 5½" casing                      |   |  |  |               |                  |  |  |
|   | # 3 – Spot 30 sx ce                                     |   |  |  |               |                  |  |  |
| Plug # 4 Spot 30 sx cement 2650 2450' (base of salt) Plug # 5 Spot 55 sx cement 1750 1550' Rustler WOC & Tag  |   |   |  |  |               |                  |  |  |
|   | # 6 – Spot 35 sx ce                                     |   |  |  | -6            |                  | e Attached   |  |
| PJ5 Plug  | #7 - Circ to surface                                    | ce 150 sx 450 - 3                                   | ,  |  |               | <b>Condition</b> | Ons of A-  |  |
| Plug # 6 – Spot 35 sx cement 1200 – 1100'  P 5 Plug # 7 – Circ to surface 150 sx 450 – 3'  Cut off wellhead and weld on 4" dia X 4' tall above ground marker.  Permediate location as required. |   |   |  |  |               |                  |  |  |
| Remediate location as required.   |   |   |  |  |               |                  |  |  |
|   |   |   |  |  |               |                  |  |  |
| 1   | 04/24/  | <i>1</i> 2003                                       | 7  |  |               | 06/15/2003       |  |  |
| Spud Date:  | 04/24/  | 72003   | Rig Re                                       | lease Date   | »   `         | 70/15/2005       |  |  |
| 1   |   | <del> </del>  |  |  | <del></del>   |                  | <del></del>  |  |
| Thomby postify that the information above in two and appoint to the best of any language and belief   |   |   |  |  |               |                  |  |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   |  |  |               |                  |  |  |
|   |   |   |  |  |               |                  |  |  |
| SIGNATURE DATE 06/25/20 DATE 06/25/20   |   |   |  |  |               |                  |  |  |
| Type or print   | name Nolan Von  | 1 Roeder  | E-mail addre                                 | iss: v   | onroedem@cmle | kn.com PHONE     | : 325-574-6295   |  |
| Type or print nameNolan Von Roeder E-mail address:vonroedern@cmlexp.com _ PHONE:325-574-6295  For State Use Only  |   |   |  |  |               |                  |  |  |
|   | (){n  | 11. 1.t   | <u> </u>                                     |  | 6             | 4                | 1-7-7A   |  |
| APPROVED BY: / LULY JULY TITLE () H DATE /-/-/O Conditions of Approval (if any): /  |   |   |  |  |               |                  |  |  |
| Conditions of   | whhiosai (ii aiià);                                     | П   |  |  |               |                  |  |  |

