| Submit 1 Copy To Appropriate District Office   | State of New Mexico                    |                       | Form C-103                           |                                       |
|--|--|-----------------------|--------------------------------------|---------------------------------------|
| District I<br>1625 N French Dr , Hobbs, NM 88240   | Energy, Minerals and Natural Resources |                       | October 13, 2009 WELL API NO.        |                                       |
| District II 1301 W Grand Ave, Artesia, NM 88210  | OIL CONSERVATION DIVISION              |                       | 30-05-38501                          |                                       |
| District III   | 1220 South St. Francis Dr.             |                       | 5. Indicate Type of Lea              | ise<br>FEE                            |
| 1000 Rio Brazos Rd , Aztec, NM 87410<br>District IV  | Santa Fe, NM 87505                     |                       | 6. State Oil & Gas Lease No.         |                                       |
| 1220 S St Francis Dr , Santa Fe, NM<br>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 A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |  |                       |                                      |                                       |
| PROPOSALS)   |  |                       | Sidewinder  8. Well Number 2H        | · · · · · · · · · · · · · · · · · · · |
| 1. Type of Well: Oil Well 🔲 Gas Well 🔲 Other   |  |                       |                                      |                                       |
| 2. Name of Operator  |  |                       | 9. OGRID Number 217955               |                                       |
| OGX Resources LLC  3. Address of Operator  |  |                       | 10. Pool name or Wildo               | rat                                   |
| P. O. Box 2064 Midland, Texas 79   | 9702                                   | •                     | WC-Bone Spring                       | Jai                                   |
| 4. Well Location   |  |                       |                                      |                                       |
| 1  | eet from the South line and 480 fee    | t from the West line  | à                                    |                                       |
| Section 32   | Township 26S                           | Range 29E             | NMPM                                 | County Eddy                           |
| Section 32   | 11. Elevation (Show whether DR         |                       |                                      | County Ludy                           |
|  | 2889'                                  | , Idib, RI, GR, etc.  |                                      |                                       |
| Company of the Compan |  |                       | 1                                    | 0                                     |
| 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  |  |                       |                                      |                                       |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS. PAND A   |  |                       |                                      |                                       |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB  |  |                       |                                      |                                       |
| DOWNHOLE COMMINGLE   |  | O/ IOII IO/ OEIIIEI I | 1005                                 |                                       |
|  | -                                      |                       |                                      |                                       |
| OTHER: Ran 8 5/8" csg & cmt  |  |                       |                                      |                                       |
| 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.   |  |                       |                                      |                                       |
| , proposed completion of the   | ,                                      |                       |                                      |                                       |
|  |  |                       |                                      |                                       |
| 11/12/11 Drilled 11" hole to 2656"   |  |                       |                                      |                                       |
| Ran 60 jts 8 5/8" 32# J-55 csg. Set csg @ 2634'. Cmt w/500 sxs 11.8#, 2.45 yield lead, 200 sxs 14.4#, 1.34 yield tail. Circ 11 sxs to surf. Plug down @ 8:30 AM CST  |  |                       |                                      |                                       |
|  |  |                       |                                      |                                       |
|  |  |                       | RECEIV                               | ED                                    |
| Notified OCD @ 6:15 AM (Voice Mail), did not witness.  |  |                       | 1                                    | i                                     |
| NOV 16 2011  |  |                       |                                      |                                       |
| NMOCD ARTESIA  |  |                       |                                      |                                       |
|  |  |                       | IAIAIOOD 711                         |                                       |
|  |  | P1137                 |                                      |                                       |
| Spud Date: 11/6/20   | 11 Rig Release Da                      | ate:                  |                                      |                                       |
| Spud Dute.   | Rig Release De                         | itte.                 |                                      |                                       |
|  |  |                       |                                      |                                       |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                       |                                      |                                       |
|  |  |                       |                                      |                                       |
| SIGNATURE COLUMN TITLE: Regulatory Analyst DATE: 11/14/2011  |  |                       |                                      |                                       |
| SIGNATURE TITLE: Regulatory Analyst DATE: 11/14/2011   |  |                       |                                      |                                       |
| Type or print name Katie Anderson E-mail address: Katie@ogxresouces.com PHONE: 432-685-1287  |  |                       |                                      |                                       |
| For State Use Only   |  |                       |                                      |                                       |
| ADDROVED BY: (1) KING TITLE / JETH VINIS DATE 11/1/1/1/  |  |                       |                                      |                                       |
| APPROVED BY: Conditions of Approval (if any):  | illre ( )/2                            | Chi you               | DATE //                              | 11911                                 |