

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

SUNDRY NOTICES AND REPORTS ON WELLS (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. 30-039-31195
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Logos Operating, LLC		6. State Oil & Gas Lease No. E-1207
3. Address of Operator 4001 North Butler Ave, Bldg 7101 Farmington, NM 87401		7. Lease Name or Unit Agreement Name NCRA State
4. Well Location Unit Letter P : 888 feet from the S line and 470 feet from the E line Section 16 Township 24N Range 06W NMPM Rio Arriba County		8. Well Number 8P
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6769' GL		9. OGRID Number 289408
		10. Pool name or Wildcat Devils Fork Gallup

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>		<i>Tubing 1st delivery</i>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> Completion Report	
OTHER: <input 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.

10/19/13 Well Test: tested for 12HRS, 0bopd, 67bwpd (flowback water), Gas TSTM, Csg Psi 400, Tbg Psi N/A, Choke size 8/64.
10/19/13 MI AWS 656. 10/20/13 Finish flowback. RU AWS 656. ND frac stack, NU BOP. TIH w/bit & DO CFP @ 5690' & 5900'.
Attempt circ. Tag fill @ 6207' TOOH w/bit. 10/21/13 RU N2 pkg, obtain circ w/1450scf N2, CO to 6204'. RD N2 pkg.
10/22/13 RIHw/ 188jts 2-7/8" 6.5# J-55 tbg & land at 6136' w/SN @ 6105'. ND WH, NU BOP. RIH w/rods & RHAC pump, space out. PT tbg to 900psi for 15min, good. RDRR @ 18:45hr on 10/22/13.

RCVD OCT 31 '13
OIL CONS. DIV.

First delivered oil 10/26/13

First delivered gas on 10/24/13 @ 15:00hr.

TP: RODS, CP: 746, Initial MCF: 184mcf

GAS Co.: ENT, METER No.: 86694

DIST. 3

Spud Date: 09/19/2013 Rig Release Date: 10/01/2013

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Tamra Sessions* TITLE Operations Technician DATE 10/31/2013

Type or print name Tamra Sessions E-mail address: tsessions@logosresourcesllc.com PHONE: 505-330-9333

For State Use Only

APPROVED BY: *Bob Bell* TITLE Deputy Oil & Gas Inspector, District #3 DATE 11/1/13
Conditions of Approval (if any):