Office Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OT GOVERNMENT DEFENDANT	30-039-20549
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE ☐ FEE ☒
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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		7. Lease Name or Unit Agreement Name Old Rock Com
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 2
2. Name of Operator LOGOS Operating, LLC		9. OGRID Number 289408
3. Address of Operator 2010 Afton Place Farmington, NM 87401		 Pool name or Wildcat Basin Dakota
4. Well Location		
Unit Letter P :	830feet from theS line and	850feet from theEline
Section 28	Township 25N Range 06W	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	6397' GL	THE STATE OF THE PARTY OF
12. Check Ar	propriate 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 COMMENCE DRILLING OPNS. P AND A		
	MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	☐ OTHER: ☒ R	
	ted operations. (Clearly state all pertinent details, are s). SEE RULE 19.15.7.14 NMAC. For Multiple Completion.	
This well was shut in more than 90 day	ys due to line pressure and was redelivered on 09/07	OIL CONS. DIV DIST. 3
		SEP 2 0 2016
TP: 37 CP: 37		SEP 2 0 2010
Initial MCF: 69		
Meter No.:85949		
Gas Co.: ENT		
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Spud Date:	Rig Release Date:	
The second second		
11 1 26 1 1 1 6 1 1		11.11.0
I hereby certify that the information ab	ove is true and complete to the best of my knowled	ge and belief.
SIGNATURE / Autom	TITLERegulatory Speciali	stDATE09/19/2016
Type or print nameTamra Sessions	F-mail address: tesssions@logos	resourcesllc.com PHONE: 505-330-9333
For State Use Only	L-man addresstsessions@logos	TONE303-330-9333
	2 . 2	0 22
APPROVED BY Caped	100 / 1000 TITLE	DATE 4-22-10
Conditions of Approval (if any):	A/	