

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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-039-20549 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator LOGOS Operating, LLC		7. Lease Name or Unit Agreement Name Old Rock Com 8. Well Number 2
3. Address of Operator 2010 Afton Place Farmington, NM 87401		9. OGRID Number 289408 10. Pool name or Wildcat Basin Dakota
4. Well Location Unit Letter <u>P</u> : <u>830</u> feet from the <u>S</u> line and <u>850</u> feet from the <u>E</u> line Section <u>28</u> Township <u>25N</u> Range <u>06W</u> NMPM <u>Rio Arriba</u> County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6397' GL		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Redelivery	
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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.

This well was shut in more than 90 days due to line pressure and was redelivered on 08/25/17.

OIL CONS. DIV DIST. 3

AUG 30 2017

TP: 3
 CP: 3
 Initial MCF: 12
 Meter No.: 85949
 Gas Co.: ENT

Spud Date: Rig Release Date:

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

SIGNATURE Stephanie Kennedy TITLE Operations Accountant DATE 08/30/2017

Type or print name Stephanie Kennedy E-mail address: skennedy@logosresourcesllc.com PHONE: 505-278-8721
For State Use Only

APPROVED BY: Accepted for Record TITLE _____ DATE _____
 Conditions of Approval (if any): AV