Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Jun 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. <b>30-039-24527</b>
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, INIVI 87303		6. State Oil & Gas Lease No. E-347-28
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.)			7. Lease Name or Unit Agreement Name SAN JUAN 30-6 UNIT
1. Type of Well: Oil Well Gas Well Other		8. Well Number 407	
2. Name of Operator		9. OGRID Number	
Hilcorp Energy Company		372171 10. Pool name or Wildcat	
3. Address of Operator P.O. Box 4700, Farmington NM 87499		Basin Fruitland Coal	
4. Well Location			
Unit Letter H : 1540 feet from the North line and 1175 feet from the East line			
Section 16		ange 6W	NMPM Rio Arriba County
11.	Elevation (Show whether DR,	RKB, RT, GR, etc.)	
6302' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
TEMPORARILY ABANDON CHA	IG AND ABANDON  ANGE PLANS  LTIPLE COMPL	REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	LING OPNS. P AND A
OTHER:		OTHER: X RE-	DELIVERY
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
This well was shut in for more than 90 days due to surface equipment issues. Returned to production on <u>8/24/17</u> and produced an initial MCF of 300.			
TP: 6 CP: 34 Initial MCF: 300			
			OIL CONS. DIV DIST. 3
Meter No.: 120533-01 Gas Co	o.: TEP		OIL CONS. DIA STO
Project Type: REDELIVERY			AUG 31 2017
Spud Date: 9/27/1989 Rig Released Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TAMMY SMO	TITLE	Operations/Regula	atory Tech DATE 8/6/14
Type or print name Tammy Jones For State Use Only	E-mail address:	tajones@hilcorp	o.com PHONE: 505-324-5185
APPROVED BY Conditions of Approval (if any).	FOR ROCOGNODE		DATE
	FV		